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AUTHOR Pawl, Jeree H.; St. John, Maria
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ABSTRACT

Based on the view that positive changes in infant and toddler caregivers' relationships can help to achieve the shared goal of promoting young children's healthy development, this book provides stories or vignettes about relationships with children and their parents designed to stimulate individual reflection, encourage group discussion, and honor the complexity of caring for infants and toddlers. An introductory section describes the types of stories in the guide: (1) contrasting vignettes showing adults interacting with infants and toddlers in very different ways in similar circumstances; (2) scenarios showing young children, parents, and infant/family professionals at critical times in their relationships; and (3) "stumpers," presenting challenges inherent in working with infants, toddlers, and families. A 5-step process for using the stories as part of a structured learning experience is included. The next section presents guiding principles of "being" and "doing" with infants, toddlers, and families. The remainder of the book presents four contrasting vignettes, seven scenarios, and three "stumpers." Following some of the stories are lists of questions for trainers to consider in applying the 5-step process. (KB)

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How You Are

Is as Important as What You Do . . .

in making a positive difference for infants, toddlers and their families

Jeree H. Pawl

Maria St. John

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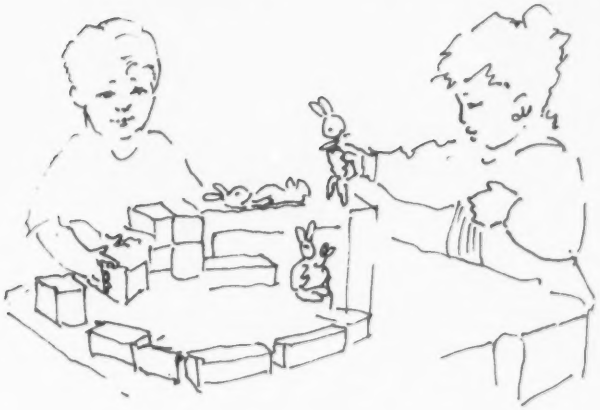

Jeree H. Pawl

Maria St. John

ZERO TO THREE: National Center for Infants, Toddlers and Families
Washington, D.C.

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734 15th Street, N.W., Suite 1000
Washington, DC 20005-1013
Telephone: (202) 638-0840
Fax: (202) 638-0851
www.zerotothree.org

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About ZERO TO THREE

ZERO TO THREE's mission is to promote the healthy development of America's babies and young children. We are the nation's leading resource on the first three years of life and work to strengthen the critical roles of professionals, policymakers, and parents in giving all of our children the best possible start.

We focus on the first three years of life because this is the time of greatest human growth and development. It is also the time when caring adults have the greatest opportunity to shape a child's future.

Matthew E. Melmed, *Executive Director*
Carol P. Berman, *Associate Director*
Emily Fenichel, *Associate Director*
Haida S. McGovern, *Associate Director*

Dear Colleague:

Jeree H. Pawl, Ph.D.
Director, Infant-Parent Program
San Francisco General Hospital, University of California, San Francisco
Past President, ZERO TO THREE: National Center for Infants, Toddlers and Families
Washington, DC

Maria St. John, M. A., MFCC
Infant-Parent Program
San Francisco General Hospital, University of California, San Francisco

If you are reading these words, you are probably someone who works hard to make a positive difference in the lives of very young children.

At ZERO TO THREE: National Center for Infants, Toddlers and Families, we believe that this is the most important work in the world. The earliest years of life are the time of greatest human growth and development. They are also the time when caring adults have the greatest opportunity to shape a child's future. How can we be sure that we are making the most of this opportunity?

You have probably thought a great deal about this question yourself. As an experienced practitioner, program director, trainer, or consultant, you may be responsible for helping others—caregivers, family advocates, home visitors, parents, students, and volunteers—do their best to make a positive difference for each child and family with whom they work.

You may have discovered, as we have over the years, that **human relationships are the foundations upon which children build their future.** Babies' and toddlers' earliest relationships shape their expectations of other people, and of themselves. All of the relationships that touch very young children are important — the relationship between a baby or toddler and each member of his family, the relationships between a child and her caregivers, the relationships between a caregiver or home visitor and the child's family, and relationships among adults in the child care or infant/family program setting.

For a baby or toddler, small positive changes in important, day-to-day relationships mean greater flexibility, a greater range of responsivity, and, perhaps, a greater sense of oneself as a worthwhile, competent, lovable person. For adults, respectful, reliable and comfortable working relationships help us to achieve the shared goal of promoting young children's healthy development. Positive changes in adults' relationships allow growth—and sometimes healing—in adults and children alike.

Relationships are what they mean to the people in them. Meaning grows over time, built up by **what** each partner in the relationship **does** (and how the other partner experiences and understands what is done) and also by **how** each partner in the relationship **is** (and what the other partner learns from this). An adult feeds a baby—when the baby is hungry, or when it is convenient for the adult? in a lap that feels safe and familiar or with arms that communicate tension or disgust? A parent and a professional talk about a toddler—in a quiet, comfortable corner or on the run, when one or both are distracted or fatigued? with trust in each other or with suspicion or fear?

It makes a difference. How you are is as important as what you do.

If you believe that how you are is as important as what you do, you probably also know that this principle is not easy to put into practice. Ways of being depend on beliefs and attitudes, and these change slowly. Perhaps they have to be more "caught than taught." And, in work with infants, toddlers and families there is so much to **do** every hour, every day—how can staff, parents, administrators, or students find the time and energy to think about "how they are"?

The stories that you are about to read (or act out, or discuss in a workshop, or hand out as homework) are designed to facilitate this kind of thinking. Based on people, situations and feelings we have known over quite a few decades of work with infants, toddlers and families (with all names and identifying details changed, of course), the stories are not intended to "teach a lesson," but rather to stimulate individual reflection, encourage group discussion, and, above all, honor the enormous complexity of the work in which we are all engaged.

We thank you for your attention and welcome your comments, questions, stories, and suggestions for additional ways to understand that "how you are is as important as what you do."

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Suggestions for using these materials

Stories inform practice. We have used three kinds of stories to illustrate the idea that "how you are is as important as what you do":

1. Contrasting vignettes show adults being with babies and toddlers in very different ways in similar circumstances—middle-of-the-night feeding, for example, or entry into child care. The contrasts sharpen our perceptions. These vignettes invite us, first of all, to think about what the child learns as a result of how the adult is.

2. Scenarios show young children, parents, and infant/family professionals at critical times in their relationships, such as at their first meeting, or when a child care provider and parent discuss their concerns about a child. These occurrences provide context, characters, dialogue and plot. At a safe distance from the action, we can identify in turn with each participant in the interaction, analyze each moment, and imagine countless ways in which different circumstances, actions, or attitudes might alter experiences, relationships, and outcomes.

3. "Stumpers" present some of the challenges inherent in work with infants, toddlers and families—for example, defining and redefining one's professional role in the face of multiple demands. We are given some background information and an in-the-moment challenge: How might we respond? What choices are available? What will our choices mean for the future of our work with a particular child and family, or in this setting? Can we manage to think both about how we want to be, as well as what we might usefully do?

We hope that at least some of these stories reflect your own experiences and dilemmas so vividly that the urge to discuss them will be almost irresistible—you will foist them on colleagues over coffee; students will compete to be cast as their favorite characters in role plays, and "stumpers" will careen through cyberspace as staff members offer suggestions by e-mail as to how our heroine should respond to her director's latest demand. Once people are engaged with a story, they learn from it in all sorts of ways through the meanings they give it, their discussion with others, and their reflection on differing interpretations of the tale. The process begins spontaneously and can go on indefinitely.

Stories can also be effective as part of a more structured learning experience. To use them in this way, we suggest a five-step process. This can be undertaken by individuals or groups, with specific activities tailored to participants' interests, backgrounds and learning styles.

Step 1. Analyze: What's going on in the story? Do the participants in the interaction understand what is going on in the same way? If not, why not? What factors might account for the attitudes and behavior of the characters in the scenario? What experiences in your own life or work does the story bring to mind? What feelings does the scenario arouse? Remember, in work with very young children and their families, how you feel can be as important as what you think.

Step 2. Discuss: How do your colleagues or fellow students analyze the story? What "lenses" that other people have available to them allow you to view the story from a fresh perspective—for example, from the perspective of someone trained in a different professional discipline, or someone from another culture, or someone of a different generation or gender?

Step 3. Reflect: Now is the time to start putting your analysis and emotional responses to the story together with the points raised in discussion. What aspects of the story did members of the group understand similarly? Where did perspectives differ? Do you need more information about a topic or issue that was

raised in the discussion? Does the story illustrate one or more of the guiding principles for "being" and "doing" with infants, toddlers and families (See pp. 6-7)? Are you beginning to think or feel differently about some aspect of your work?

Step 4. Discuss: This step could take many different forms; the point is to build on what has gone before. A staff member might want to carry on the process of reflection in individual supervision, for example. In an in-service training workshop, discussion could take place initially in small groups, with groups reporting on their conversations in a second discussion involving all participants. Trainees, individually, as partners, or in teams, might apply insights gained from analysis, discussion, and reflection on one scenario to another scenario. A group might wish to test the guiding principles by trying to apply one or more to a dilemma presented in a "stumper."

Step 5. Adopt: When we adopt a belief or a country or a child, we make a commitment; but it may take a substantial amount of time before what we have adopted feels really "ours." Truly meaningful stories are "adopted" over time into our individual and collective psyches and become a part of us, to be drawn upon as needed. We hope that your recollection of these stories—or scenes from the stories—in these materials will blend with your own experiences and reflections and your colleagues' anecdotes and observations. As this occurs, you will know that you have "caught" something valuable from the story. You will find yourself using it in your own work and can pass it along— enriched by your own experience and reflection— to others.

Guiding principles for "being" and "doing" with infants, toddlers and families

Our conviction that how you are is as important as what you do with very young children and their families has developed over several decades of working, studying and teaching in the new field of infant/family development. During this same period, we have discovered a handful of principles of interaction that have proven to be trustworthy guides in our efforts to be and do the best we can for babies, families, each other, and ourselves.

1. Behavior is meaningful. The newborn's gaze, the toddler's "No!", our avoidance of paperwork (or our need to complete it well before the deadline), the way a grandfather sings to a grandchild who speaks a different language from his own—all human behavior is full of meaning, and can be understood. Because behavior results from the interaction of many factors—including temperament, developmental stage, level of knowledge or skill, cultural background, and expectations of oneself and other people—the same behavior can have very different meanings. We cannot assume that our initial understanding of the meaning of another's behavior is correct, or complete. We must also realize that our own behavior is likely to mean different things to different people.

2. Everyone wants things to be better. Everyone knows what he or she wants, and some people think they know what *other* people should want. In fact, you *can't* determine for other people what they should want. But you *can* try to understand how a child or adult's specific wants (or desires or demands) stem from their basic human needs for safety, connection, meaning and mastery. You can offer choices and explore possibilities.

3. You are yourself and your role. A Spanish philosopher once observed, "I am

myself and my circumstances." How you are able to be and what you are able to do in your life depend on the strengths and limitations you were born with; the experiences you have had, and how you have understood those experiences; the resources available to you; and the culture, community, and times you live in. How you are and what you do in a specific *role*—as a provider of care for a group of very young children, as a partner to a particular parent in the care of a particular baby, as a supervisor, as the director of a program or agency, or as a teacher—depend on your knowledge, skills, attitudes, the human and material resources available to you, and expectations (yours and other people's) of you in that role. When expectations differ, or conflict with what is possible, roles need to be clarified.

4. Don't just do something—stand there and pay attention. In work with infants, toddlers and families, less is usually more. The impulse to protect, provide, or even to rescue is strong where babies or vulnerable adults are concerned. But we are more likely to make a positive difference in the development of young children and families if we refrain from "doing" and take time first to observe carefully, consider the many possible meanings of what we have seen and heard, seek more information, and ask questions that demonstrate our respect, interest and capacity for empathy.

5. Remember relationships! The key to quality in any service or program for very young children is the quality of relationships—relationships between the baby or toddler and his or her parents, between child and caregiver, between the child and other children, between professional and family, and among adults in the program. It is not an easy task to establish and sustain the deep, responsive, and respectful relationships among adults and children that are the hallmark of quality, but it is an essential one.

6. Do unto others as you would have others do unto others. We call this the "platinum rule" of training, supervision and mentorship. How you are and what you do with colleagues, supervisees, and students becomes a model for how professionals and parents relate to each other, and how adults relate to the infants and toddlers in their care.

We kept these principles in mind as we wrote the contrasting vignettes, scenarios and "stumpers" that follow. Since our intent in writing was to capture complexity, we tried to embed the principles in the situations and relationships we described, rather than to create a set of fables with accompanying "morals." We hope that these principles will be useful touchstones as you read, analyze, discuss, reflect on, and adopt the stories that are offered here, and that you will tell us about the principles you have discovered or formulated to guide your work.

Contrasting vignettes

1. Three a.m.

The four pairs of vignettes that follow show parents or caregivers doing very ordinary but very important things with babies or toddlers—feeding, greeting, changing a diaper, responding to a request for help, introducing the child to group care. In both vignettes of each pair, the adult does the same thing—that is, feed, change or answer the child. But how the adult **is** in the interaction varies dramatically from vignette to vignette. So, we suggest, does the child's experience.

These vignettes first appeared as part of *Heart Start: Emotional Foundations of School Readiness*, published by ZERO TO THREE in 1992. If they seem familiar, this may be because trainers in many settings and parts of the country have adopted these stories, reprinting them or incorporating them in their own materials, with our blessing.

A young mother hears a cry from her 5-week-old baby in the nearby crib. It is 3 a.m. The mother's initial dismay quickly turns to anticipation of the feeding that will now begin.

The baby senses the light turned on, feels the touches and cradling of her body and, though hungry, begins immediately to calm from the cues that tell her that her discomfort is about to end. For half-an-hour the baby nurses, pausing between bursts of sucking and gazing up into her mother's eyes, woozily but with what the mother feels is pleasure and recognition. During the pauses the mother speaks softly to her new daughter. The baby smiles, watching her mother's shifting expressions. "Hi, Emma—sweet Emma—you are very pretty. Were you hungry? Do you want more? Do you need a burp? I am glad to see you even if it is 3 a.m." The baby slowly begins to drift off. Her mother puts her in the crib, kisses her, covers her, and says "Sweet dreams."

What is happening is utterly ordinary; a mother is feeding her baby. But what is happening to the baby is extraordinary. Because while being fed, she is learning about gentleness, about cries being answered, about her ability to make giants come running. She is beginning to feel effective and secure. She is beginning to sense the subtle rhythm of exchange with her mother. It is the beginning of learning that she is worth responding to, that she is important, and that something or someone can be counted upon.

✿ A young mother hears a cry from her 5-week-old baby in the crib nearby. It is 3 a.m. The mother tenses. She has just fallen asleep after a fight with the baby's father. The baby's cries rapidly intensify. "Oh be quiet," says the mother exhaustedly. "I can't take one more thing." The baby cries more and more loudly.

"Shut that baby up" comes a shout from the next apartment—"shut that damn baby up!" The mother slams her fist against the wall and shouts, "Shut up yourself." She rolls out of bed and approaches the crib. "I'm coming—I'm coming. Damn it—shut up." She lifts the baby up and he quiets a bit. "Already think you can just cry and get what you want, don't you? That won't last long, I can tell you. Come on let's get it over with." As the baby begins to nurse, the mother stares fixedly ahead, going over the recent angry fight. The mother grows more agitated as she recalls the details. The baby responds to his mother's tension by squirming restlessly. Finally, the baby stiffens, arches, draws back from his mother's nipple and yelps. "You don't want to eat? Fine, don't eat," says the mother and abruptly puts the still hungry baby back into the crib. The baby cries and the mother feels a surge of anger. "Shut up —just shut up." The mother leaves the bedroom, shuts the door and in the kitchen turns up the radio loudly enough so that she cannot hear the baby cry. He cries until he falls into an exhausted sleep.

This baby is also learning. He is learning that to be handled and held can be uncomfortable and distressing; that desperate crying may lead only to a sharp and angry voice; that his needs and wants are not important and that there is no one to count on.

✿ Either of these experiences could occur to the same baby at different times, under different circumstances. But when either one of these experiences is typical, the effects on that baby's sense of self and of the world are profound. The first baby's sense of security and of her feelings about others will be primarily positive; the second baby's will be mainly negative. Essential qualities and attitudes are already beginning to be shaped.

2. Daddy's home

This little boy is 8 months old. He has been sitting in a jump seat for several hours during the last of which he has slept. He awakens when the door slams and he hears a deep voice. Immediately he begins to bounce and crow. Every inch of him is excited. His father enters the room, puts down his lunch bucket and walks toward him. Now the baby nearly catapults himself out of his jump chair as his father smiles and reaches for him, saying, "And hello to you—big guy—come and give your old man a hug." The baby grips his father's shirt and reaches for his cheek and his father nuzzles the baby's hand with his mouth. The father asks if his son is ready to watch some of the ball game. The baby mirrors his father's happy feeling and responds with a chain of babbling. The father widens his eyes and listens, then asks his son's opinion of today's starting pitcher. The baby looks away—calming himself—the father waits and the baby turns back, locks eyes with his father and produces a long string of syllables, ending in a laugh. His father grins and says, "You may be right." The baby's mother asks the father if he'll change the baby's diaper. The father grimaces but agrees. Throughout the diaper change, the baby and his father continue a dialogue full of body movements, facial expressiveness and vocal exchanges.

This baby anticipates the pleasure he will have with his father. He has already learned that most of the time his father feels very good with him and he feels very good with his father. He has also learned to have "conversations" with his father—to initiate, be intentional, take turns, listen and respond. He feels respected, understood. He likes himself.

✿ This little boy is 8 months old. He has been sitting in an infant seat for several hours, during the last of which he has slept. He awakens when the door slams and he hears a deep voice. Awake, he wiggles restlessly and looks in the seat's tray for something to handle. Everything is on the floor. He makes a noise of frustration—not loud—just expressive of his feelings. He is not trying to communicate.

The father comes in and tosses his coat over a chair. The baby grunts and brings his hand to his mouth. The father glances at him and then glances away. The mother calls to the father and says probably the baby needs changing. Would he change him while she finishes dinner?

The father says, sarcastically, "Thanks a lot—is that a special present for me?" He disappears briefly and then suddenly the baby is abruptly lifted out of the seat from the rear. The baby is surprised but only stiffens and is quiet. "OK stinko—let's clean up your load." The baby is placed on his back to be changed. He lies still—chewing on his hand. Once, he twists, extends his arm to grasp an object and lifts his leg. The father pulls him back flat, lightly slaps his thigh and says sharply, "Stay still—I'm almost done." The baby's eyes widen but he stays quiet—just chewing on his hand. The father finishes quickly and returns him to his jump chair.

This baby is also learning. He is learning to be wary in what he communicates to his father. He has learned to be passive and to curb his curiosity. He has no sense that his father enjoys him. He feels neither understood nor confident. He has learned nothing about turn taking, or mood sharing, or dialogue with his father.

ZERO TO THREE: National Center for Infants, Toddlers and Families 734 15th Street, NW, Suite 1000, Washington, DC 20005 (202) 638-0840 9

3. The puzzle

A 2½-year-old girl approaches her busy mother with some three-dimensional puzzle pieces that are not fitting together. She is distressed and a bit whiny. Her mother glances down, smiles, and says—"What has caused that misery?" The little girl says, "I can't do it." The mother continues sorting the papers she's working on but leans over to study the pieces. "I think if you put the green one on top it will work." The little girl stops whining and tries it. Then she whines again and says, "It doesn't—it doesn't work." "Well," her mother says, "I can't help until I finish this—later." She gets only this far when her 2½-year-old daughter hurls the pieces on the floor and they all come apart. Her mother looks at her ruefully and then says, "Come here." The little girl comes and leans against her. "Old dumb puzzle made you mad—it's ok. We'll fix it later. Could you help me put away my work?" The 2½-year-old pulls herself together, smiles, and helps her mother put her papers away.

This little girl is learning about her importance, about help, about mutual respect and about how feeling bad can be followed by feeling good. She is learning a lot about being understood and about cooperation. She expects to be listened to and she listens. Despite the frustration of the puzzle, she feels basically competent, appreciated and responsible. She is now in control. Given experiences such as these, she is likely to enter school with enthusiasm and eagerness to take part.

✿ A 2½-year-old girl approaches her busy mother with some three-dimensional puzzle pieces that are not fitting together. She is distressed and a bit whiny. Without looking at her, her mother says, "Stop that blubbering—I've got enough to do without listening to that." The little girl tries to show her mother the puzzle. "Don't bother me now—I've got to finish this." The little girl walks away and suddenly hurls the pieces to the floor. Her mother turns to her and says, "You know better than to throw things. If you're going to cry and carry on, just go to your room and stay there or you'll get something to cry about." The girl screams louder, runs to her room and slams the door.

This child is learning—probably she is continuing to learn—that her needs are not important, that she is not understood, that feeling bad means more feeling bad and that you can't really count on anyone when you need them. She is not respected nor does she respect, and she feels out of control. If that exchange is typical of her relationship with her mother, she is unlikely to enter school with enthusiasm or possessing the complement of feelings which would help her succeed.

4. A secure place and a special relationship in child care

Tim, 2½ years old, and his mother had visited the child care center twice in the past week. They had spent time with Mindy, who told them she would be Tim's primary caregiver. Both Tim and his mother felt comfortable with Mindy. She was interested in them, wanted to talk regularly about Tim's progress, and seemed to understand how Tim's mother felt about leaving Tim to go to work. To Tim, today felt much the same, but his mother knew she was going to leave him for several hours and had told him so. Mindy met them at the door, squatted down to speak to Tim, who smiled shyly, remembering her, and then walked with mother and child to the small rocking horse that Tim had so enjoyed the last time. A small boy rushed by and bumped Tim quite hard. Mindy caught the little boy and talked quietly to him—introduced him to Tim and sent him on his way. Tim got on the horse, and Mindy sat nearby where a somewhat bigger girl was building with blocks and a boy was working with large puzzle pieces. Mindy attended to all of them in turn as they wanted her attention or help. These were her three, and she always kept a special eye on them.

When it was time for her to go, Tim's mother reminded him she was leaving today. He looked surprised and climbed off the horse. Mindy picked him up and said, "Let's go to the door and say good-bye to your mother." Tim wanted to go with his mother. But his mother really seemed to be going to leave him, so he clung closer to Mindy, who cuddled him and talked quietly. Then his mother was gone.

It was like everyone in the world was holding their breath at the same time, but Mindy held Tim and patted him and talked quietly, and then everyone began to breathe again. Tim could see the toys and children, but mostly he liked hearing Mindy's voice. Ten minutes later, Tim was on his horse. He wasn't as wholly confident as 20 minutes before, but he could still ride, and Mindy was close by and always noticed when he looked at her.

Two weeks later

After his mother kissed him, Tim waved good-bye, and then he said, "Hi" again to Mindy, who ruffled his hair. Tim made a bee-line for the block area, but when he got there, Wong Chen had corralled all of the red blocks Tim wanted. Tim squatted down and watched Wong Chen. In a minute, Mindy came over and squatted down too, and they both watched him. Then Mindy said, "Tim is very interested in those blocks too, Wong Chen. Would you let him have a few?" Wong Chen looked at the floor, and then he looked up and frowned at Mindy and then at Tim. Mindy said, "OK, Wong Chen, if you want them right now, Tim can use them later." And then to Tim, "Maybe you'd like bristle blocks? I don't think anyone has those."

As Tim started to walk away, Wong Chen handed him one red block and Mindy said, "Thank you, Wong Chen, we'll use that." Suddenly, Tim decided to ride his horse instead, but first he took the block from Mindy and fed his horse. "Spotty is hungry," said Tim, "Breakfast food." Molly, 3½, stuck a clothes pin toward Spotty's mouth. "He's very hungry," said Molly. "All the animals are hungry." Tim said, "They're all very, very hungry."

Wong Chen, who had been watching, got a basket, put all the blocks in it, and brought it to Tim and Molly. They all fed all the animals—every one they could find. Some of the other six children joined them. Molly announced that it was time for all the animals to sleep. Tim, Wong Chen, Molly, and one of the other children got cloth squares and covered the animals. Then Wong Chen woke up Spotty and climbed up to ride him.

Tim started building with the red blocks. He would build a big car—a red car like his mother's car. His mother was working. She would come later. "Mother comes later," Tim said. Mindy heard him. "She will, Tim," said Mindy. "She'll come after lunch, and after your nap, and after stories." "Lunch and stories," said

Tim, and then he said, "See my car? I made it myself."

Tim is learning a lot in this center, mostly very good things. He feels important. He feels heard and understood. He feels protected, and his primary caregiver helps him negotiate the difficult things with other children. He is learning to cooperate and pay attention to what other children need and want. There is enough space, there are enough providers, there are just enough children, and there is abundant affection for everyone.

✿ Tim stood just inside the entrance to the big playroom. He was sturdy for two and a half, but short. The noise was jarring, and he looked around for the woman his mother talked to when they came in. She had said to his mother, "He'll be fine—I'll get him started," and she had taken his hand. But now, just as fast, she was gone. It scared him as much as the other time. This was not a good place to be. He wanted his mother, and he wanted to go home. A boy running past bumped him hard and Tim nearly fell, but he caught himself and made his way to the corner of the room. He still couldn't see that big person or the other one—just lots and lots of small kids. He sat down and fingered some colored blocks on the floor. A big boy came and grabbed one and stepped on Tim's hand. Tim yelped and cried and looked around. He held his hurt hand in the other, and the tears ran down his cheeks. No one saw.

Two weeks later

Tim stood just inside the entrance to the big playroom. It was very noisy. A boy ran past him and bumped him. Tim lunged for him and pushed him down. The boy cried, and Tim walked over to the blocks. He picked some up, and a bigger boy came and grabbed them. Tim gave the blocks up quickly and then turned and saw a smaller boy who had some. He pulled them away from him. The boy cried. Tim looked at the blocks. He couldn't remember what he'd been going to do with them, so he threw them down. They made a very satisfying sound. He picked up several other toys nearby and threw them.

Suddenly one of the women was there, yelling at him and holding his arm very hard. She was saying lots of things to him, and now she said, "Time out," and scrunched him on a stool. He tried to get up, but she wouldn't let him. She waved a finger in his face. He thought about biting it. The woman went away.

Tim didn't like this place. He wanted his mother. He wanted to go home.

What Tim is learning in this child "care" center is almost everything we would not want him to. He is important to no one here and must fend for himself, as must the other children. For some, the center is like home. For others, it's newly terrible. For all of the children, their experience in this center is potentially damaging.

✿ Each of these vignettes represents characteristic interchanges in the lives of children, and in each of them important feelings and abilities are being created or strengthened. Over time, the very different qualities of these contrasting relationships will heavily influence the repertoire of behaviors that are characteristic of a particular child. Obviously, the child's own temperament also matters greatly. But the children in these different relationships reach their third birthdays with markedly differing capacities, feelings and expectations. These will profoundly influence how they approach the opportunities and challenges their homes, schools and communities have to offer them.

For trainers to consider:

The questions listed below are offered as examples of ways to begin each step of the 5-step process of using these materials, described on pages 5-6.

1. Analyze:

- What does the 5-week-old baby's cry mean to the mother in each vignette? What does the baby's behavior during the feeding mean to the mother in each vignette?
- Describe the 8-month-old baby's behavior in each vignette in the context of what you know about expectable emotional and social development in children that age.
- What does the 2½-year-old's hurling of the puzzle pieces mean to the mother in each vignette?
- From the description of Mindy's behavior, what can you say about the role of "primary caregiver" in this child care center?

2. Discuss:

- What do people in the discussion group make of the statement that a 5-week-old baby "responds to his mother's tension by squirming restlessly"?
- What do people in the group infer, from the second vignette, about the relationships between mother, father, and 8-month-old?
- Which elements might be universal in the "puzzle" vignettes and which might be specific to a particular culture?
- Think about "negotiating differences with other children" and "having to fend for yourself" in the child care vignettes in relation to the caregiver's role and the principle "Don't just do something; stand there and pay attention."

3. Reflect:

Imagine that the feedings described in the vignettes took place as you, a home visitor, watched. What might you say or do once the mother put the baby back in the crib? Why?

- Do 8-month-olds in your child care program have a chance to interact regularly with males? What do they (or might they) learn from this?
- Think about toddlers feeling "in control" and "out of control" in light of the "platinum rule" ("Do unto others as you would have others do unto others") and the relationships among adults in your work setting.
- What makes a place feel safe? For very young children? For their families? For the people who work there?

4. Discuss:

Imagine the practical supports and relationships, formal and informal, for expectant parents and parents of newborns that might make the first feeding vignette more likely than the second. What would it take to put those supports in place in your community?

- In discussions of the "Daddy's home!" vignette, have men and women participants responded differently from each other? If so, what can be learned from these different perspectives?
- With whom do you tend to identify in the "puzzle" vignettes? Do you understand why? How might this response tend to help you in your current professional role? How might it pose a challenge?
- Note how adults talk to Tim in the two vignettes. From your experience and knowledge, discuss how these ways of communicating may be affecting his development.

5. Adopt:

Recall experiences that you have had as a child, parent, or professional in which how someone was was as important as what they did. Perhaps you will discover "contrasting vignettes" worth reflecting on or sharing with others. Perhaps you will want to think about "what ifs" that might have altered the quality of an interaction, leading to different experiences and outcomes for the participants.

A vignette embodying contrasts

The remarks that follow come from the transcript of an hour-long conversation with Terry, a challenging, exceedingly demanding, and lovable woman with whom I (Jeree Pawl) worked as an infant/parent therapist over five years. She once said that she would be happy to talk to others about what in our work had seemed important to her, and so we taped her reflections about our work together and experiences she had had with other professionals.

I remember a lot of times when we came here, there was this doll that my daughter loved.
She named her Baby Lyn.
And every time we'd come, that doll was there.
I remember one particular day when we came, the doll wasn't there, and she was so broken-hearted that **you** were broken-hearted.
And it was like, "Let's find Baby Lyn. We have to find Baby Lyn!"
I was like, "Wow!—You're really going to look for a stupid doll for my daughter to make her feel good?"
I just thought it was really great.
You got into looking for this doll—seriously—asking everybody—"Have they seen this doll?"—everybody.
And you found her.
And I was like wow! All this for a doll?
And you let my daughter bring her home, and that doll was—the center of her world.
Baby Lyn sat at the table and ate with us.
She was just there, all the time, right up under her arm.
Walking around with her.
She was the show-and-tell doll—every Friday.
"This is Baby Lyn."
And when Baby Lyn's face got a little smudge on it, I had to give Baby Lyn a bath.
She was so excited about this doll that it was just like—I guess a part of here came home with us for her—and for me.
I saw a change in my child.
It was something good that came home, that I learned from my daughter and her doll.
Like if she hurt, she pointed to the doll's arm.
Or if a tooth was coming in and hurt, Baby Lyn's mouth "hurt right here."
I thought it was so great—I was learning what's hurting on her, from her doll.

You came over and I was really surprised.
You came in my neighborhood.
You weren't afraid.
On a day that I was really, really sick and missed an appointment, you were determined to keep our appointment, no matter what.
And it was—ok—that really felt good that somebody cared enough to come and see us.
Antricia was running up and down the stairs, excited, saying:
"Oh, Jeree's here. She has a present! She has a present!"
I said, "Calm down, girl!"
I was really surprised and taken aback that, you know, you came to my neighborhood and to see **me.**
And the walls started tumbling down, and I could trust a little bit more.

I was surprised at everything that you did.
Because growing up, for me, nobody was ever there, and—as I said before—I never trusted anybody.
Everything was the opposite of what I thought.
Like when you came over in my neighborhood, it was just—I never thought you would do that.
When you let my daughter have Baby Lyn from the program, I was like, "She would never give this doll away."
And I was like, "Take good care of this doll, you know, we can't get her dirty."
I learned something from my daughter—that it's ok to take what people are giving you, if it is in a good way.
And it's ok if you mess up. It was different . . .

When you stepped in, it was like, ok, this is something that I really did need.
You were just yourself.
You weren't afraid to speak up and let me know that there are things that I shouldn't be doing.
Most people are afraid to let people know those things. You can't be hitting, you can't be doing this.

Right off the bat—you didn't hold back.
So it was really great that you were honest and you were **there**.

You had feelings.
It was like a handshake.
It was a strong handshake.
It was real.

I told you once when I was upset and hit my daughter and you just came right out and said, "We can't have that. I **won't** have that."
And I thought, "What? Excuse me? This is my child. You can't tell me what to do."
(This is all in my mind—like, "No!", you know.)
I was just blown away, it just tickled me.

Wow! She's yelling at me.
It was so cute—it really struck me as funny.
Because you didn't hold your tongue.
Most people—I feel that they're afraid of the consequences . . . they'll stop, and then there will be, "Well, I'm just going to have to take your child from you."

That's not the way to go about it.
It's . . . not helpful.

When you said, "You just can't do that, you know, I won't have it," it was like "OK, wow."
I felt like a three-year-old, but it just felt really good that you weren't afraid to say that to me.
And it was easy to say, "OK, I won't hit her no more."
And I haven't.
Which is **good**.
Sometimes I really want to just tear her up.
But I've learned—and she's learned—that hitting isn't the way to raise a child.
Now when she's sixteen and wants to do something wrong, I'm going to bring her here and say, "OK, I never hit her. Take care of this situation!"

At first, I couldn't read you.
I couldn't crack you.
No matter what I did, you were there.
You were just hanging on.
And because I didn't trust, I didn't think you liked me.
But once I started to trust in something, it felt comfortable.
I did feel that you liked me.
It was just **me**, and the way I was feeling anyway.
It's not what you do, it's how you do it that made a difference.

And I think if you're one of those people that smile in people's faces and then aren't really there for them, no matter how much you smile, you can see under that, no matter how bad you're feeling.
And with you, it wasn't like that.
Everything was real.

I remember one night, you took my daughter and me out to dinner, and I was totally blown away.
It was my birthday, too, and I never had a party.
I never celebrated my birthday; it was like just another day.
And here we were going out this night, and it was the day I was born.
It was like a little birthday celebration, and my daughter was there.
She was surprised that a birthday can be so intimate and small.
This birthday made me feel good inside.
I liked it.

That day, you were there after five.
It was like, "Wow, I'm so special!"
It was great. . .it was something I know that you didn't have to do, and I didn't feel that you were making yourself sit here and have dinner, and it just made me feel really special.

Another time I was having a real hard time.
You had come over.
I had called you.
You had given me your home phone number.
I was, like, "OK, she gave me her home phone number. I'm going to use it!"
I was feeling really, really down, and I called you and you came over, even though I knew by your voice that you were—you have your own life, and everything, but you came over, and it was like, "Oh, wow, she's here, she's actually here."
I was basically testing the waters.
I needed somebody with me that day.
You were there.
You really didn't have to be, but you were.

I've been through a lot of programs, and ran into a lot of people on the mental health highway, and you run into a lot of people that are just there for the money, if it's money, or whatever it is.
They're not there because they want to be there to help people.

And they're really rude, and nasty.
They don't give a damn about you. . . .
They can really build a . . .Plexiglas thing between you. . . .
It's like . . . they're at this high desk, and you're at this low desk and chair, and they're looking down on you, and they really make you feel bad.
And it's like—yuck, I don't know if I can trust this person with my life, because they're not really there.
Well, actually I just feel that they should be on the other side of this Plexiglas—**with me.**

You and my other therapist were mother figures for me.
I really didn't know how to raise this little, tiny baby.
I didn't know what to do aside from changing diapers and feeding and burping.
That's not all there's to it.
I didn't know.

With your help . . . for me it felt like having two mother figures help me along with my child.
Not having that from my own family . . .

I feel that if I can raise my child properly, then maybe she'll be a better person to her kid.
It's like breaking the cycle.
I wasn't raised properly, and learning something from you and my therapist helped me to raise my child properly.
Even though I was like 27, 26, hey, I was being raised. . . .
You **can** be raised over, no matter how old you are.

You guys taught me how to love.
You taught me how to speak—speak softly—with a big voice.
You taught me how to care.
And those were things that weren't inside of me.

For trainers to consider:

The questions listed below are offered as examples of ways to begin each step of the 5-step process described on pages 5-6.

1. Analyze:

- What experiences with Jeree does Antricia have that come as "surprises" to Terry?
- What else that Jeree does surprises Terry?

2. Discuss:

- "You came in my neighborhood. You weren't afraid. You were determined to keep our appointment . . . that felt really good that somebody cared enough to come and see us. I could trust a little bit more." Several times Terry describes eloquently and explicitly something Jeree did, what meaning she gave to Jeree's behavior, and what the experience meant for her. Can you recall actions that seemed similarly meaningful to families with whom you have worked? Can you recall incidents in which your actions were misunderstood?
- How do you understand what it meant to Terry that Jeree gave her her home number and took her and Antricia out to dinner "after five"? Would you imagine that this is "standard practice" in the Infant-Parent Program? If not, how might you understand Jeree's decision to "be there" for Terry in these ways?

3. Reflect:

- What was your initial response to Terry's description of Jeree's "stepping in" and "speaking up" about hitting Antricia?
- Consider the issue of "stepping in" and "speaking up" about a parent's behavior in light of the principle "You are yourself and your role."

4. Discuss:

- How do you understand behavior that Terry calls "testing the waters"? What issues does this raise for the front-line practitioner? What issues does it raise for supervisors and administrators? Does remembering the principle, "Behavior is meaningful," help you to address these issues?
- Do you agree with Terry that "you **can** be raised over, no matter how old you are?"

5. Adopt:

- If you asked some parents with whom you have worked to talk about what in your relationship had mattered to them and why, what do you think they might say?
- Go ahead and ask them.

Scenarios

The scenarios in this section show young children, parents, and professionals in typical situations at important times in their relationships—when the relationship is just beginning, for example, or when it is ending, or when some event, behavior, or perception might set in motion some major changes in the relationship.

Some of the scenarios are set in the context of infant/toddler child care. Others are set in the context of home visiting with parents of infants and toddlers. Some of the scenarios describe the context in some detail; others leave more to the reader's imagination. Some of the scenarios are likely to invoke strong feelings; others are more low-key. The scenarios do not show "best practice." They do show infant/family practitioners doing the best they can in the moment. We can all learn from their experiences, as we can learn from each other's experiences and from our own.

We encourage trainers to adapt scenarios as appropriate to meet the needs of their audiences. Some people quickly see the commonalties between situations—such a person won't mind at all that the scenario under discussion features a home visitor and she happens to be a child care provider. Other people will find it much easier to focus on the central issue—that how you are is as important as what you do—if the setting of the scenario is familiar. For such people, a scenario might be much more engaging if the context described is as close as possible to their own situation—for example, not simply a home visiting program, but a program in which the mission, characteristics of participating families, and job description of home visitors is close or identical to their own. Feel free to "translate" the scenarios to make them as engaging as possible for your trainees.

Trainers can also use scenarios in different ways to influence the intensity of discussion. For example, you might ask participants in a workshop to read a scenario silently, watch the scenario performed by presenters or even trained actors, act out the scenario as written, or improvise a role play, having been given basic information about their characters and circumstances. A discussion following silent reading is likely to be less emotionally intense than discussion following a role play. You may want to let intensity build gradually, using the scenarios in different ways over the course of a training experience.

Four "For trainers to consider" sections are offered, suggesting issues for analysis, discussion, reflection, and adoption. These sections follow: 1) the three scenarios on beginning a relationship (p. 25); 2) the scenario on talking with a parent about a difficulty with a child (p. 28); 3) the scenario on surviving a breach in a relationship (p.31); and 4) the two scenarios on saying goodbye (p. 36).

1. Beginning a relationship: Home visiting

Martha Grove, a home visitor with the Family Preservation Project, has been informed by the Department of Social Services (DSS) that they have suggested to Talia Mead that she participate in a home visiting program. Talia and her son Jamil, aged 17 months, came to the attention of the department when a police officer noted a small toddler, apparently alone, headed full tilt down the sidewalk toward a crosswalk. The officer glanced quickly around but did not notice anyone who might be accompanying the child. The officer crossed the street, headed the child off, and knelt down, holding onto him. The child protested and tried to tug away. Almost immediately a woman, visibly somewhat wobbly of gait and bleary of eye, appeared and said, "Let go of my kid! Come here, Jamil." She picked the child up and demanded, "What do you think you're doing?" The officer, immediately angered, said with considerable sarcasm, "I'm keeping him from getting run over." An argument ensued and escalated to the point that the officer decided he would call the Emergency Response Unit of the Department of Social Services and let them handle it. The mother had been drinking and was furiously angry; he felt it would be dangerous to simply send them on their way.

The DSS Emergency Response Unit took Jamil in for two days while they assessed the situation. The mother then voluntarily agreed to the services they wanted her to have: an AA program and a worker from the Family Preservation project who would visit her at home. At this point Jamil was returned.

Martha Grove attempted to reach Talia Mead by telephone but found that it had been disconnected. Therefore, she wrote a note to Ms. Mead.

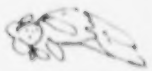
Dear Ms. Mead:
I have been told by the Department of Social Services that you have accepted the service they recommended from our Family Preservation Project. I have tried to call you but I was told that your phone has been disconnected. I don't want to just drop in on you so I thought I would pick a time and let you know I will come then. I'm sorry to have to do it this way. I will be there Monday, June 30th at 11:00 a.m.. If that isn't a good time for you, please call me at 849-3682 and let me know. I'm always in on Tuesday and Thursday afternoons and Friday mornings. If you do call and get my voice mail, though, just leave me a message telling me a time that will work for you. I look forward to actually talking to you and certainly to meeting you.
Until then, sincerely yours,
Martha Grove
Family Preservation Project

Not having heard from Ms. Mead, Martha Grove arrived at the address at the stated time. The outer door was sandwiched in between two 24-hour theaters, and the entrance was dingy and dark. Since there was no elevator, Martha climbed up the stairs to the third floor and found room 319.

When Talia Mead opened the door she looked surprised and then as if she may have remembered that Martha was going to come. Martha introduced herself and Talia motioned her in. The room was dark and faced onto an air shaft. It contained a bed with a saggy mattress, a marred dresser, an old easy chair, and a play pen in which a small boy looked very much asleep. On top of the dresser were various foodstuffs, including formula and bottles. An open closet revealed some women's clothing and a stack of toddler clothes in a tomato crate. There were a few toys in another crate near the dresser.

Martha: Do we need to speak quietly so as not to . . .
Talia: No, he sleeps like a rock. When he's tired he's tired. When he's awake he's awake. Its OK.
Martha: Lucky guy.
Talia: (a faint smile) Yeah, its not always so clear cut!

Martha: You looked a little surprised when you opened the door. At least I thought so.
Talia: Yeah, for a minute I didn't remember you were coming. I mean I got your letter but I forgot I guess. I wasn't thinking about it really.
Martha: Well, its hard to feel very serious about somebody you don't know. I'm sure it all feels a bit fuzzy to you.
Talia: Yeah I'm not sure. The lady said I had to do it. Well, I mean sort of I didn't, but . . .
Martha: Sort of you did. It felt like that I guess.
Talia: Yeah. It's your choice, but it isn't. You get the message.
Martha: Exactly.
Talia: Everything happened so fast.
Martha: You know, its the same for me. I really have no idea what its all about except that you and your son—Jamil, is it?
Talia: Yes, Jamil.
Martha: Well, somehow you got involved or got picked up by a cop?
Talia: That creep! I mean, I suppose he isn't really a creep, but to me he's a creep. I mean, I could see where Jamil was. I always know were my son is. I was just down the street from here. I was talking to Chris. He runs the deli two doors down. I was in the doorway. I move to go after Jamil and this cop is tearing across the street and grabs Jamil, who bawls his head off, and the cop is telling me I was gonna let my kid get run over, and I'm really pissed, and we scream at each other, and then the other people come, and it's some damn mess.
Martha: It all feels unnecessary to you?
Talia: You're damned right, unnecessary. Butting into other folks' business.
Martha: Why did the cop come tearing across the street?
Talia: I suppose because he just saw Jamil and didn't look to see me.
Martha: So you think he didn't see you—only Jamil?
Talia: Yeah, but the point is I got there just a freckle behind him. So he thinks he sees a child loose, but he wasn't loose and he wouldn't listen to me. He said I was drunk.
Martha: And you weren't?
Talia: Well, not really. I mean, hell, no! Drunk is out! I was tanked some but I wasn't falling over. I wasn't not knowing where Jamil was. I know when I'm drunk.
Martha: What did the worker from DSS make of it?
Talia: "Yeah, sure, you're not drunk." They didn't believe me—I could tell that. I guess they thought I'd just check out for a while and let my kid get run over, like that cop thought. Jeeze!
Martha: They didn't believe you.
Talia: No, they didn't. (long pause)
Martha: What? (pause) You want to ask me something?
Talia: Sort of. Do you believe me?
Martha: I have absolutely no reason not to.
Talia: Well, that's a change. It's been very terrible. I hated Jamil being away with people I didn't know. There are so many creeps. Sometimes the world seems like mostly creeps. I really hate where I live, I really hate it. I mean I manage, but jeeze, its a rat-trap. . . .



2. *Beginning a relationship: Home visiting*

Joanne Evans works as a home visitor with the county hospital's mother/infant follow-up program. She and her colleagues visit new mothers in the county following discharge to make sure that things are going well for mother and baby and to make referrals as necessary. The overarching goals of the program are to reduce infant mortality rates, to provide more comprehensive care to mothers and newborns in spite of shorter hospital stays for childbirth, and to improve the effectiveness of maternal/child health service delivery in the county.

Today Joanne is visiting 22-year-old Endira Hernandez and her 10-day-old daughter, Daniella. As is usually the case, Joanne knows very little about the pair she is about to meet. What she does know is that Endira has no other children, that she received some prenatal care, that the pregnancy and delivery were uncomplicated, that Daniella was born weighing 7 pounds 2 ounces, and that no concerns were noted regarding mother or child either in the hospital or 48 hours after discharge.
A young man and woman are just leaving the apartment when Joanne arrives.

Joanne: Hello. I'm Joanne Evans. I'm here to see Endira Hernandez.
Woman: She's in there. (calls up the stairs) Endira! A lady's here for you. (to Joanne) Go on in.
Joanne: (from the bottom of the stairs) Hello? It's Joanne Evans from the hospital. May I come up?
Endira: (leaning over the banister at the top of the stairs) Yeah, come on up.
Joanne: (climbs the stairs and extends her hand to Endira, who is in her robe): Hi, Endira. I'm Joanne. How are you?
Endira: I'm fine. Let's see . . . Daniella's sleeping. You want me to wake her up?
Joanne: Not for me, no . . . and maybe her nap times are a time for you to rest, too?
Endira: Well—sometimes—but don't you weigh her and everything? I mean, that's what the other nurse did.
Joanne: So many people in and out—you must feel like a hostess!
Endira: (smiles) Not quite, but it is confusing. So you're not a nurse?
Joanne: No—I'm called a home visitor—which doesn't really say much either. I follow Betty, who came last week to see if you two were healthy. I'm here more to see how things are in general.
Endira: Then you don't want to see her?
Joanne: I would love to meet her, but your schedule together is important. We can do it how you want . . . talk first, and then we could see if she wakes up or whatever. It's really up to you.
Endira: Okay—we'll see what she does. Want to sit down?
Joanne: Sure, thanks.
Endira: (leading the way down the hall) We'll sit in the kitchen. My roommates are out. (She sits down at the kitchen table. There are two bikes and a stroller in the kitchen, dishes in the sink, bottles and formula as well as other food on the counter, and some music posters on the walls.)
Joanne: (sitting down across from Endira): Are they usually out during the day?
Endira: Depends. Trice, yes, because he works. Bella is in and out because her school schedule's always changing, and anyway now she's in love so she's in and out even more. That's them you saw going out just now. And these (gesturing) are their breakfast dishes!
Joanne: Aha! Are dishes hard to notice for Bella in love?
Endira: Dishes are always hard for Bella to notice. But then, Bella is nearly always in love. Or if she's not, then she's heartbroken.
Joanne: Also making it hard to notice dishes?
Endira: (laughing) That's about it.
Joanne: How does that kind of thing get worked out among you?
Endira: Trice and I do them mostly—or ride her 'til she does 'em. But I'm not doing any of

her dishes now. She can't be leaving crud and germs around here with the baby here.

Joanne: You have another person to think *about and take care of*—and Daniella needs more than dishes done for her at home.

Endira: Every day I do her little laundry, wash her bottles—all that stuff. In a way it's sort of amazing how it seems like so much work.

Joanne: How?

Endira: Well, it isn't just the stuff you do—I mean that you actually **do**—it's different—I mean it's not the usual, and it's on your mind.

Joanne: So you're really aware of her—kind of all the time.

Endira: Yes—it's just me—I mean—taking care of her. Trice and Bella just "goo-goo" a lot—actually, it's kind of sweet.

Joanne: So it's nice to have your daughter admired, but you mostly do it all. Does anybody else help?

Endira: Her dad, Joe-Joe—he goes to the store for me sometimes or takes us somewhere when we need a ride . . . but we broke up back a few months ago, so he doesn't stay here or anything . . . I mean he's on her birth certificate, because a baby needs a daddy, and he's sort of interested. But if it was just me, I wouldn't see him any more, but it isn't just me any more. My life changed ten days ago. I didn't miss that . . . anyway, Trice helps some, and my mom **thinks** she's helping by coming over here and trying to find something I'm doing wrong. She's gotta work hard to find anything, though . . . but it isn't really a help to come over here and try.

Joanne: No—*it* wouldn't be, Endira . . . but why would your mom want to find something wrong?

Endira: Well, because of me and Joe-Joe not being married. She's sure God's gonna punish me, and she's doing it for Him 'til He gets around to it (smiles shyly). S'cuze me . . . she really sees it as a bad situation, and she's never gonna see it any other way. She's waiting for me to mess up so she can show me she was right the whole time. That's about it—but my sister's gonna come up here next month when she gets a vacation, so that'll be good.

Joanne: . . . and you're looking forward to that.

Endira: Yeah—we're really good buddies.

Joanne: How long will she be able to stay?

Endira: Two weeks.

Joanne: And for now you're taking care of Daniella and yourself pretty much alone.

Endira: Yeah—but like I said, I knew what I was getting into.

Joanne: It's amazing that you were able to get your head prepared like that. Mostly parents feel overwhelmed no matter how ready they think they are.

Endira: Well, I'm not surprised, but I'm not saying it's easy.

Joanne: Of course not . . . how could it be? Are there things that have been harder than others?

Endira: (pause) . . . Well, I'm really tired. . . I think that's the hardest.

Joanne: I'll bet you are . . . and here I am, taking up some of your rest time.

Endira: No, it's okay. I can't sleep in the daytime anyway. When she has a nap, that's when I get on top of things. The problem is **she** doesn't sleep at night.

Joanne: Not at all?

Endira: She'll sleep for maybe an hour or so. But daytimes, she'll be knocked out like this, and sometimes three or four hours.

Joanne: No wonder you're tired. Was her schedule the same when you were pregnant? Did you notice her moving more at night than during the day?

Endira: I could feel her moving mostly when I was lying down.

Joanne: She probably actually did move more when you were lying down. Most of them sleep more during the day because the mom is moving around and the movement rocks them to sleep. Then when the mom lies down to rest the baby wakes up and wiggles and stretches. It takes some babies a while to switch over after they're born.

Endira: That's sure her. When she wakes up at night she wants to play (smiles).

Joanne: There are things parents do to try and help babies switch over but they don't always work . . . but are you interested in hearing anyway?

Endira: Yes. I need to know what to try.

Joanne: Well the main thing is getting her to

stay awake more during the day so she'll be more sleepy at night. Sometimes people put music on or go to the park or have friends over during the day and then try to make it quiet at night. Another thing is to stretch feedings out a bit so the baby eats a bit more and isn't hungry so fast. How is it going with feeding?

Endira: She has a good appetite. She can eat about every two hours it seems like. Is this okay?

Joanne: It's really up to you. People have different ideas. Some people think it's best to just feed the baby on demand and let the baby work it out. Other people think it's good to have a schedule. The important thing is what works for you two together . . . what you want and what seems to work for you.

Endira: I guess I could make things livelier during the day. I have been kind of tiptoeing around and shushing Trice and Bella. I don't want to wake her now, though, because I was just about to do her wash. She goes through about five suits a day with her spitting up.

Joanne: I think I should let you get back to what you were doing. You know sometimes I just visit people once and sometimes I visit more if it seems like there are things they are interested in thinking about with somebody. I could come back at the end of the week or I could just give you my card and you could call me if you ever have any questions or concerns.

Endira: I'd like it if you came back the end of the week—I'm sure that there are things I could learn about.

Joanne: The really wonderful thing is that you know so much about her already and you really care who she is.

Endira: She's wonderful . . . you didn't even see her, so you really have to come back at the end of the week.

Joanne: I'd love to meet her. How would it be if I come Friday at eleven in the morning? Okay?

Endira: Perfect. (They both get up and walk down the hallway. Endira stops at a bedroom door and whispers) You want to peek?

Joanne: (nods. They tiptoe into a bedroom with a double bed, dresser and crib in it. Joanne looks at Daniella sleeping and mouths to Endira): She's beautiful! (Endira grins.)

Joanne and Endira say good-bye until Friday.

3. Beginning a relationship: Child care

A phone call from Janet Trad (mother of Eddy, age 2 years, 9 months) to Annette Brown, director of the Precious Years Child Care Center.

Ms. Trad: Hello, Ms. Brown—this is Janet Trad. My family has just moved here from the West Coast when my husband's job changed and we're needing daycare for our son, Eddy, in a few months. The grapevine says you're the best place around so I thought I'd check to see what's possible.

Ms. Brown: Well—I really appreciate those kind words. How old is Eddy, Ms. Trad?

Ms. Trad: He'll be three in a few months—July 18th.

Ms. Brown: Has he been in child care before?

Ms. Trad: Yes, he has, in several different places. We moved once, and another setting just didn't meet Eddy's needs.

Ms. Brown: So it's important then that you find a good match. I tell you what, I can't be exactly sure what will occur in the next few months in terms of what might be available, but in any case we should probably meet and talk.

Ms. Trad: I'd be very happy to do that. Should I bring Eddy for the first visit, or. . . .

Ms. Brown: Yes—that would be a good idea. After all, Eddy is what it's all about. Your husband, too, of course. That would be important.

Ms. Trad: I'm afraid his schedule is very demanding just now, with the new job, but I know he'll want to be involved in the decision as we go along. And he always tries to contribute through the PTA or whatever you have here.

Ms. Brown: Well, your husband is very welcome to come, Ms. Trad, just let him know that, and, if not this time, then another.

Ms. Trad: Thank you. When should we schedule the visit?

Ms. Brown: Let's check our calendars—what's a good time for you?

Ms. Trad: Would next Monday morning work for you? My older boy will be off to school after 8: 30.

Ms. Brown: Well, I can do it on Monday but not until 10:00—is that OK?

Ms. Trad: That will be just fine. Eddy and I will be there.

Ms. Brown: Do you know where we are?

Ms. Trad: Yes, I've seen the center on my way to the Safeway; I'm not too far away.

Ms. Brown: Fine. Monday at 10:00 then and, thanks so much for the call.

✿ Monday, 10:25 at the Precious Years Day Care Center. Ms. Trad and Ms. Brown are sitting in Ms. Brown's small office. Ms. Trad and Eddy had arrived on time and had spent the past 25 minutes in one of the children's rooms with Ms. Brown. Eddy is still in the playroom with the other children.

Ms. Trad: What a lovely place this is.

Ms. Brown: Thanks. We all enjoy being here—it feels good to us.

Ms. Trad: It's so cheerful . . . and I guess—I guess I'd say relaxed. It feels quite peaceful . . . even with all the active children. You and your staff seem to be doing a really nice job.

Ms. Brown: I'm glad it appeals to you. Do you have particular questions that you'd like to ask me or. . . .

Ms. Trad: Not right now.

Ms. Brown: So can you tell me about Eddy? I could see he was lively and eager and tends to jump right in—at least in a new place.

Ms. Trad: Well, that's how we see him. But I have to tell you that his teacher at the last center decided Eddy was "hyperactive" and was pressuring us to have him evaluated. We weren't at all sure that this made sense—the teacher was young and inexperienced—but we couldn't seem to resolve anything with her or the director. Finally, it was clear that Eddy wasn't welcome there any more. And then we began to wonder about Eddy—when he's not so sure of things, he can seem "wired." And he can be a handful.

Ms. Brown: Oh, how very hard that must have been for everyone!

Ms. Trad: It was terrible. Everybody got so mad at everyone. Bill, my husband, got furious at everyone at the center. He's not used to not being listened to! But then he ended up by being mad at me and angry at Eddy (shakes her head slowly).

Ms. Brown: And you. How was it for you?

Ms. Trad: I was heartbroken, and then furious, and then depressed. I mean, I just love Eddy's exuberance—you saw some of that today—but I *can* see how he could be hard to take when you're in charge of a bunch of other two-year-olds, too. Sometimes, I'm exhausted at the end of a weekend. I started to wonder whether I had created some kind of freak. After we had to leave the center, I looked at half a dozen other places and couldn't imagine Eddy at any of them. Frankly, some of them were appalling. Then I just ran out *of* steam. I took a leave from work to take care of Eddy. You might think, "Well, wonderful, now you can do all sorts of creative things together and let him be exuberant all over the place." But by this time I was worn out, we really felt the economic pinch, and Eddy was lonely—there wasn't one kid at home during the day in our old neighborhood.

Ms. Brown: I know what you're talking about. I guess that's why we try to make Precious Years into a kind of neighborhood for the children and families. And it takes all kinds!

Ms. Trad: But I want to be perfectly straightforward with you—Eddy really can be very difficult.

Ms. Brown: I'm sure that's true. Whether we have a place I don't know, but I'm glad you told me. It all sounds really terrible for you, Eddy, and Mr. Trad. You know from the 20 minutes I saw him I'd be very surprised indeed if Eddy, the staff and I couldn't find a way to enjoy our time together, and if we did get in trouble we'd just figure it out—with help, if necessary.

Ms. Trad: Help?

Ms. Brown: Well, you, me and Mr. Trad and the staff, and, if it seemed useful, our child development consultant . . . or we would get an evaluation, if we all agreed that this was what we needed to understand Eddy better. We'd figure out what was best for Eddy—what would help him that we could all manage together. If there is a space, and you would want it, and we needed to work out something we would do so—together.

Ms. Trad: That's such a relief. I nearly didn't tell you about our earlier experience. I've liked what I've seen here, but I began to worry that you wouldn't even consider Eddy if you thought he might be extra demanding—or if you thought we were troublemakers. I'm glad I did. I guess I thought maybe it would be different when I saw what you were all like out there. Somehow I feel relieved! It would be nice to understand Eddy better. I have to admit that I'm nervous about him all the time . . . worried . . . never sure of him.

Ms. Brown: That's not a good way to feel and not so much fun for Eddy either, I should think. I guess I think that part of our job is to figure out who somebody is, Ms. Trad. Every child is different. And that's part of the fun. Whatever happens here—if we don't have an opening, it'll be good to think with you about other places and what you might look into. Anyway, for now, let me tell you how this place works—what our philosophy is and what our expectations are for ourselves, the children and our parents. Please stop me any time and ask anything you need to and then when I'm finished, I'll have a few more questions for you.

For trainers to consider:

The questions listed below are offered as examples of ways to use the scenarios of beginning relationships as part of the 5-step process described on page 5-6.

1. Analyze:

• Before she met the child and parent in each situation, what information did the worker have about: a) the relationship between the child and parent; and 2) the expectations that the parent might have of the worker?

• What was the source of this information?

• What kinds of information did the worker seek in her initial contact with the parent and child? How did she invite the parent to tell her story? What nonverbal information did the worker note and respond to?

2. Discuss:

• If you had been a bystander at the scene with Jamil, the police officer, and Talia, what could you have observed?

• If you had been the worker on call at the DSS Emergency Response Unit and had arrived at the scene 15 minutes after the police officer called, what would you have wanted to find out? How would you have tried to get this information?

• What do Martha, Joanne and Ms. Brown say about themselves and their roles in their initial communications with Talia, Endira and Ms. Trad?

3. Reflect:

• Toward which characters in the scenarios on beginning relationships did you feel sympathetic? Did you find yourself feeling angry at anyone? If so, at whom were you angry, and why?

• How did you see the principle, "Don't just do something —stand there and pay attention" applied (or ignored) in these scenarios?

• How might Joe-Joe and Mr. Trad talk about their relationships with their children? How might the scenarios have been different if Joe-Joe and Mr. Trad had been present at the initial meetings presented in these scenarios?

4. Discuss:

• The scenario involving Joanne and Endira ends with their agreeing upon a time to meet again. The other two scenarios end before the encounters are completed. What do you imagine might happen next in the conversation between Martha and Talia? What questions might Ms. Brown be planning to ask Ms. Trad, and how might that conversation go?

• Consider the principle "Everyone wants things to be better" in the context of these scenarios, in only one of which a parent has come to the professional in the scene in search of a service. How might this circumstance affect the beginning relationship?

• Consider what you know about the "intake" policies and procedures for the various programs described in the scenarios—the DSS Emergency Response Unit, the Family Preservation Project, the Mother/Infant Follow-Up Program, and the Precious Years Child Care Center—and those in place in your own program(s). In what ways do these policies and procedures shape the beginning relationships among children, parents and practitioners in each scenario? How might different policies and procedures change the early stages of a relationship?

5. Adopt:

Many experienced human services professionals have observed that all the themes and concerns that turn out to be important in the relationship between an individual and a professional will come up, in one way or another, during their first meeting, even though neither participant is likely to recognize all of them at the time.

• Practice capturing as much detail of your first meeting with a child and family as possible, including who said what to whom when, as well as nonverbal behavior. Write down or dictate your recollections as quickly as possible after the encounter.

• Practice distinguishing what you saw or heard from what you **think** about what you saw and heard. Consider various possible meanings for the behavior you observed. Think about what a child or parent's response to a comment of yours suggests about the meaning they gave to your behavior.

Talking with a parent about a difficulty with a child

Lanny, the head teacher, watched Delsey, an aide, interact with Antonio, a 2½-year-old who was thrashing on the ground, surrounded by a sea of clutter he had created in mere moments. Delsey moved onto the floor, both speaking and reaching, to contain him. Some of the children stopped and stared, others somehow tuned him out and continued to do what they were doing. Most distressed of the children were the two who had been with Delsey as she moved toward Antonio.

Lanny moved to engage those two, Duff and Jobie, and lead them away from the disturbance. He talked to them about how upset Antonio was and how that feels so bad and that it was not nice to see somebody feeling so bad either. Jobie just held tightly onto Lanny's hand while Duff bounced ahead toward the blocks, their destination, saying, "Old Antonio is always falling down." Then he began singing, "Old Antonio is falling down, falling down, falling down. Old Antonio is falling down—my free gravy!" Lanny grinned at this wonderful mishearing of Duff's and tousled his head. Then Lanny settled down with both to, as Duff suggested, "build a really good bridge that can hold cars and not be falling down."

✿ As the children napped and Antonio settled into sleep, Delsey became free, and Lanny called her over.

Lanny: Really did well with Antonio, Delsey. Are you getting any ideas about what's with him?

Delsey: I'm not really sure and it's been two weeks. He'll be okay and then something sets him off—I'm not sure what.

Lanny: I know the family's new to the city; the mother and father both work. I guess it's all really strange—maybe he just needs more time.

Delsey: I don't know—it's as if he was really scared. He loses it and gets wild, and then he cries like his heart would break. He's really such a sweet little fellow. He's really not at all interested in the other kids, though.

Lanny: Maybe we need to talk to the mother again. Our interview was really short. She was in such a hurry, just wanted to bring him the next day. I don't know. I don't really want to just wait if there's something that could help. I'll catch her when she comes in today and see if we can find a time—a time when you can take some time with her, too.

Delsey: I think we do need to—something is really bothering him, I think, not just newness.

✿ At the end of the day, Lanny spotted Mrs. Steward just as she reached Antonio. Antonio looked up at her, looked surprised and momentarily pleased, and then dashed away across the room. Mrs. Steward barked, "Antonio—get back here!" just as Lanny approached her. Lanny briefly reminded her who he was and then said,

Lanny: Mrs. Steward, I wondered if we could find a time to talk—I wanted to . . .

Mrs. Steward: I don't have time now. (shouting) Antonio, come here! Excuse me . . .

Lanny: Only one minute—please, it's important—we're having trouble understanding what is going on with your son.

Mrs. Steward: Well, that's your problem . . . Antonio!

Lanny: You're absolutely right—it is our problem, and we really need your help.

Mrs. Steward: Help?

Lanny: Yeah—you know him best and we're really stumped. We need you to help us.

Mrs. Steward: I don't know how I could help you with your job—I can barely manage my own—or him.

Lanny: Well, the part about Antonio is both of our jobs. It's the same job—getting a handle on Antonio. We just can't do it without you—maybe thinking about it together would help all of us.

Mrs. Steward: I just don't have any time. I can barely get home in time as it is—the work-

er that comes in—leaves at . . . (glances at her watch) is just about leaving now—and I need to go. My husband is ill, and I don't have time for this.

Lanny: I'm sorry. I get it—I didn't know. Let's round up Antonio (they head off toward Antonio). Could I call you? Is there a good time?

Mrs. Steward: I can't get calls at work, so I don't know how . . .

Lanny: I could talk to you in the evening—I'll give you my beeper number, and I'll call you back.

Mrs. Steward: Well, yes, I can do that. (They reach Antonio. Both Lanny and Mrs. Steward crouch down where he is building with blocks.)

Lanny: That's a big tower, Antonio.

Antonio: I'm going to crash it.

Mrs. Steward: Give it a good crash and then we need to go. We really need to go.

Antonio: If I crash it (simultaneously banging it down) I need to build it up.

Mrs. Steward: Let's go now. (takes Antonio's hand).

Antonio: I need to fix it! (begins to pull on mother's hand and whine).

Lanny: If we are all really, really fast we can build it all back up and then you have to zip out of here, okay? Okay?

Antonio: Okay.

Lanny: Okay. (starts to help. Antonio joins in eagerly and Mrs. Steward joins in with some reluctance.)

Lanny: Antonio, we three guys make very good tower builders together.

Antonio: This is my Mom (glances up at Lanny, a bit puzzled).

Lanny: I know—your mom is a good builder (they finish the tower).

Antonio: (stands, raises his hand) I want to crash it.

Lanny: No (Lanny stays his hand). We had a deal—let's zip—let's get your stuff over there (points at cubby).

Antonio starts off and reaches for his mother's hand. Lanny jots his beeper number on a piece of paper and gives it to Mrs. Steward. They speak as they walk and Mrs. Steward and Antonio get Antonio's things.

Lanny: Any time soon you can talk, just call that number.

Mrs. Steward: Okay—I'll call. Probably tomorrow night.

Lanny: Any time you can—don't worry about it. I'll appreciate it.

Antonio and Mrs. Steward begin to exit.

Lanny: Bye, Antonio, see you in the morning. Good-bye, speak to you soon, Mrs. Steward.

Antonio: Bye, Lanny.

Mrs. Steward: I'll call you as soon as I can. 'Night. Thanks.

For trainers to consider:

The questions listed below are offered as ways to begin using this scenario as part of the five-step process described on pages 5-6.

1. Analyze:

- What can you tell about Lanny's and Delsey's relationship from the interaction described in the scenario?
- What can you tell about Lanny's and Antonio's relationship from the interactions described in the scenario? What do they expect of each other?
- Imagine that Lanny and Mrs. Steward had had the kind of conversation that Ms. Brown and Ms. Trad had had before Antonio entered child care (see pp. 23-24). What might have been different in this scenario? What might have been the same? Why?

2. Discuss:

- Examine the exchange between Lanny and Mrs. Steward, beginning with Lanny saying, "Mrs. Steward, I wondered . . ." and ending with Mrs. Steward saying, "My husband is ill I don't have time foe this." How does the tone of the conversation shift during its course? Imagine what Mrs. Steward might be thinking after each of Lanny's comments.

  How does Lanny discuss Antonio's behavior with the other children? With Delsey? With Mrs. Steward? What does this tell you about how Lanny sees his role in each relationship?

3. Reflect:

- What do you imagine Delsey expected when Lanny "called her over" at naptime? How did these expectations shape the conversation about Antonio?
- Where do you see the principle, "Remember relationships!," reflected in this scenario?
- How do you feel when a young child "loses it and gets wild"? How do you feel when a child seems "really scared" or "cries like his heart would break"? How do you react when a parent "barks" or shouts at a child?

4. Discuss:

- In this scenario, how, when, and with whom does Lanny: a) make himself available and b) set limits on his availability? Discuss your observations in light of the principle, "You are yourself and your role" and the "platinum rule."
- Does your program have a general policy about staff's being available to families after regular working hours? If so, are there staff members or participating families for whom this policy presents a difficulty?

5. Adopt:

- Imagine the conversation between Lanny and Delsey the morning after this scenario.
- Imagine the telephone conversation between Lanny and Ms. Steward. Assuming that Delsey is Antonio's primary caregiver, consider how Lanny might expand the relationship he is establishing with Ms. Steward to include Delsey.

Surviving breach and reparation—vignette with a home visitor

Darlene was 36 when Anthony was born. Her six-year-old daughter Ruby lived with her now, after spending the first year and a half of her life with Darlene's mother. Darlene had had another son when she was seventeen but this child she had put up for adoption at birth.

Darlene smoked crack cocaine sometimes. She had gone through a rehab program when she was pregnant with Ruby and then after Ruby was born, and she had never again gotten as strung out as she had been before she went into the program, but she did drink beer regularly, and sometimes—when things seemed either too hard or too good—she smoked and then holed up for a couple of days until things evened out again. Darlene's mother would hear from her daughter's neighbor that Darlene hadn't gotten Ruby to school and she would come scold Darlene and take Ruby for a week.

Darlene didn't like to draw attention to herself from any part of the system because she had things worked out in a shaky way that let her just get by each month. She lived in subsidized housing that had really been granted to her cousin who had moved back to Louisiana. She kept an address at her friend's building in the next county over, where she used to live, and collected her checks there. She knew a lot of people who had had their kids removed and she felt ever wary of what the system might do. The phone company wouldn't let her have a line because of a past due account.

Darlene had tried hard to cut down on her beer and to stay away from crack after she realized she was pregnant with Anthony. She even went to a couple of check-ups at different clinics even though she hated going to the doctor and she knew she might get lectured and they would probably try to find out all kinds of things about her. Still one day she had a familiar bad feeling and found herself headed to Jimmy's down the block to smoke just once. Anthony was born that night. He was seven weeks early.

In the next two weeks, Darlene dealt with more helping professionals than she had encountered cumulatively in her life. There were doctors, nurses, developmental specialists, hospital social workers, and even an investigator from the child protective service unit. Anthony had to be on oxygen for two days and was then monitored and treated for lung troubles. Anthony was eventually discharged home to Darlene. Darlene's mother told her it was all her fault that little Anthony was suffering and maybe he shouldn't even be with her.

When he was discharged, Anthony came home with special formula, three kinds of medication, a steam machine for breathing in the medicines, five follow-up doctor's appointments, and a lady named Sharon from the Going Home Healthy Program who was going to visit Anthony and Darlene a lot.

Over the next six months things went better than Darlene had thought they might. Sharon turned out to be not so bad. She mostly focused on things that had to do with Anthony and didn't pry into Darlene's business too much. She actually seemed to like Darlene, as well as Anthony and Ruby. And she talked to Darlene about how much Anthony liked her, which was hard to tell at first because he was the sleepiest baby Darlene had ever seen—he looked away a lot when she looked at him, and he seemed to get upset if she patted him or rocked him, and preferred to be left alone. Sharon explained that Anthony's body had been expecting to be inside Darlene's body for a little longer. She said, "He was real cozy in there and it's kind of jarring for him to be out here with the rest of us. When he looks away from you or just wants to be wrapped up tightly and likes quiet it's not that he wants to get AWAY from you, but that he wants it to be like it was INSIDE you." Ruby thought it was very funny when Darlene told her, turn down the TV—Do you think the baby had a TV on inside my belly? After a while Anthony wasn't so particular about things any more and even

though Darlene worried that he was "slow," Sharon assured her that he was right on schedule for his adjusted age.

One Wednesday morning Sharon knocked on Darlene's door at 9 AM. She had offered to give the family a ride to the clinic so that Ruby and Anthony could both have check-ups. Two appointments had been scheduled previously but Darlene had not managed to keep them, explaining that the bus ride was too long to make a morning appointment. Sharon had suggested the ride and Darlene had agreed.

Scene One: Breach

Ruby answers the door. She is in her nightgown.
Ruby: Hey, Sharon! You got your crayons?
Sharon: Hi, Ruby. You know what? Today we're not going to visit and play, today I'm just going to give you guys a ride to the doctor. Friday I'm going to visit and play and I will be sure to bring my crayons then.
Ruby: Oh. (She sits down to watch cartoons.)
Darlene: (emerging from the bedroom in a robe, carrying Anthony) Hey, Sharon. How are you doing?
Sharon: I'm fine. Darlene, did you forget about the clinic appointment today?
Darlene: No, I didn't forget. Don't you see Ruby's not in school?
Sharon: Well, yes. I just asked because it doesn't look like you guys are very ready to go.
Darlene: Yeah, well, I don't really feel so well. Could we maybe make it next week?
Sharon: Darlene, this appointment has already been rescheduled twice.
Darlene: (Anthony is starting to fuss. Darlene holds him tightly to her chest.) Why do you keep giving me morning appointments? I told you morning appointments aren't convenient for me.
Sharon: Dr. Billings only has his clinic Monday and Wednesday mornings. Remember we talked about that? He works at the other hospital the other days.
Darlene: So get me another doctor. I don't like Dr. Billings anyway. He doesn't say it, but I can tell he blames me for Anthony. He thinks he knows everything. I don't think he's such a great doctor. (Anthony is now crying loudly. Ruby is watching Sharon and Darlene instead of the cartoons.)
Sharon: Dr. Billings is the leading pulmonary specialist in the state. Anyway, Going Home Healthy is his program. All the services you're getting are coordinated.
Darlene: (while Anthony wails) So he can take his coordinated services and give them to somebody who wants them! I didn't ask for any of this. People messing with my business, trying to tell me how to raise my baby, when to get up in the morning. I don't NEED this. (to Anthony) And I don't need your wailing either! (Anthony arches and wails louder. Darlene takes him into the bedroom and slams the door behind her. Ruby stares at Sharon.)

Scene Two: Reparation

Sharon and Ruby stare at each other for a minute.
Ruby: The baby's crying.
Sharon: Yes, and he's not the only one feeling upset, is he?
Ruby: Nope.
Sharon: And he's not the only one that's been yelling is he?
Ruby: Nope. You and Mama been yelling.
Sharon: You're right. (Anthony is quiet in the bedroom now. Sharon has a feeling Darlene is listening to her conversation with Ruby.) Do you know what?
Ruby: What?
Sharon: I think I made your mama really mad.
Ruby: Yup.
Sharon: I think maybe things were already hard this morning before I got here and then I made them even worse.
Ruby: Yup.
Sharon: Yeah. (knocks on the bedroom door) Darlene? I want to apologize to you. Are you willing to let me? (Darlene opens the bedroom door without looking at Sharon and sits back down on her bed cradling Anthon, who is now quiet.) I was just saying to Ruby that I have a feeling things weren't so easy before I got here today and then I made everything worse. (Darlene is still silent but she is clearly listening.) You hadn't forgotten about the appointment, had you?
Darlene: I told you I didn't forget.
Sharon: You did tell me. And you told me other things I didn't really listen to, too. You told me you don't feel well. Do you have a cold

do you think?

Darlene: No. Maybe. I don't know. It's not that. I just don't feel good. I don't like going there when I don't feel good.

Sharon: Well, there were a couple of other things you said too. It's true that you've been telling me the whole time that its rough for you that the clinic is in the morning. And then you said you worry that Dr. Billings doesn't think highly of you.

Darlene: I don't care what he thinks about me.

Sharon: But you have been working very hard and doing the best you can to take care of Anthony even though dealing with doctors and medicines—and home visitors!—is not your favorite thing, and it must make it all the harder to feel somebody's blaming you for the whole thing. It makes a lot of sense that you wouldn't want to go when you're not feeling 100 percent.

Darlene: I never want to go.

Sharon: No. And yet you have gone many times in the past six months because it is that important to you to take care of Anthony.

Darlene: He's my baby.

Sharon: I guess when I just tell you when to take him to the doctor you feel like I'm acting like he's not your baby.

Darlene: He IS my baby.

Sharon: Yes, he is your baby. Let me tell you what I'm concerned about. Anthony's breathing has sounded wheezy to me lately and that worries me because of the things we have talked about his lungs sometimes having a hard time. But I am not a doctor, so I can worry but I can't examine him and figure out if its OK or if his meds need adjusting. And I know you work hard to take good care of Anthony but that going to the doctor is hard for you. NOW I'm worried that by not listening to you I've made that even harder. Now even if you go it seems like somebody else's idea, not yours.

Darlene: Now I can't go. By getting me all riled you made me miss Anthony's appointment.

Sharon: (laughing) I sure didn't help.

Ruby: You sure didn't help!

✿ Darlene and Sharon talked about it more, and Darlene decided to take Anthony to the urgent care clinic in the afternoon to have his lungs checked. She let Sharon give them a ride there and they took the bus home. Sharon and Darlene agreed that during their visit on Friday they would talk more about Darlene's thoughts about Dr. Billings and Anthony's medical care.

For trainers to consider:

The questions listed below are offered as examples of ways to use the scenario of breach and reparation as part of the 5-step process described on pages 5-6.

1. Analyze:

- How many things can you identify or imagine which may have contributed to making the morning described in Scene One so difficult for everybody?
- How do you understand what might have been going on for Sharon?
- At what moment would you say the breach first occurred?

2. Discuss:

- How might Sharon have better responded in this situation?
- How might the situation be ameliorated now?

3. Reflect:

- What comments do you imagine Dr. Billings might make about Scene One? (What does your answer reveal about your own previous experiences with and expectations of physicians, "leading specialists," and/or founders of programs?)
- We tend to think about the principle, "You are yourself and your role," in terms of professionals. This is certainly a worthwhile exercise in terms of Sharon, but spend a few moments thinking about Darlene in relation to this principle as well.
- How easy or difficult is it for you to apologize? To what extent does your degree of comfort depend on the person to whom you are making the apology?

4. Discuss:

- What is your experience with parent/professional relationships within "coordinated services"? To what extent do the mission statements, evaluation criteria, staffing patterns, and training and supervision offered to staff tend to recognize that "how you are is as important as what you do"?
- Where does Darlene's mother fit into the whole picture?

5. Adopt:

- Using Scene One or a situation in which a breach in a relationship occurred in your own work setting, invite a group to create reparation scenes and discuss them.

Saying good-bye: Vignette with a teacher

Participants: Charlie (age 3 years, 3 months), Tom and Silvia Roper (Charlie's parents), Tani (the lead teacher and child's primary caregiver), Faith (the director of the child care center)., Doobie (Charlie's friend, age 3 years, 4 months), Doobie's parents.

✿ Today was Charlie's last day at the Children's Garden, the child care center he had attended since he was 17 months old. The Ropers were moving within the state but much too far for Charlie to continue to attend the Children's Garden. Through the State Child Care Directors' Association, Faith had obtained a promising list of centers in the Ropers' new community, and the Ropers had made what they felt was a promising choice. They had visited twice and felt pleased with what they observed and heard, and with Charlie's response. The Ropers, Faith and Tani had just had a last meeting. The children had sung the good-bye song and there had been cupcakes the children had helped make and decorate as special recognition of Charlie's leaving.

Now, out in the center, parents were arriving and children leaving with them. Many of the parents greeted Tom and Silvia and wished them well, and a few promises were exchanged to "get together." Charlie's best friend, Doobie, was saying good-bye and talking about "going to the lake." The Ropers were explaining to Faith and Tani that the families were going camping together over the 4th of July. Doobie's parents had moved to the door of the center and were urging Doobie to "c'mon."

✿ **Doobie**: (to Charlie) There'll be the very biggest fireworks eber. Boom—boom—boom. (He swings his arms and whirls about.)
Charlie: (swinging his arms too) Yeah—boom—boom—boom—crash!!!
The two boys swing around and bump a lot.

Doobie's parents call again, "Come on, Doobie."

Tani: Why don't you boom over to your parents, Doobie? (Doobie laughs and runs off booming.)

Silvia: (calling and waving to Doobie's parents) I'll call you guys in a couple of days.
Charlie: (leaning forward and taking a slow, sliding step or two toward Doobie) Hey, Doobie, we'll catch big, big fish—watch this—watch. (He swings an imaginary pole and starts to wind it in, then drops his arms and wanders off as Doobie and his parents leave.)
Silvia: (to Tani and Faith) We will surely miss you. (sighs) It's such a great place here.
Tom: (to Faith and Tani) You really have been wonderful and we can't thank you enough. We will really miss it.
Tani: We'll really miss you too, especially our little organizer. (Charlie has wandered back. Tani puts her hand on his head and he pulls away a little, twisting his neck)
Faith: He's a good generous boy, and so likable. (to Charlie) You are a very good boy, Charlie. We are going to miss you.
Tom: (grinning) You are a big, fine fellow, Charlie. (He reaches to tousle Charlie's hair and Charlie spins away and goes to a shelf where he begins to handle some small play figures.)
Silvia: Come along, Charlie—say good-bye now—we've got to get going.
Charlie: Inna minute. Inna minute. (He's still handling the figures at the shelf.)
Faith: What have you got, Charlie?
Tani: (over her shoulder to Faith, as she moves to Charlie) He's got Filby and Newsome.
Tom: Who?
Tani: (to Tom) He calls them that—
Silvia: Come on, Charlie, no fooling around—we have to go.

Tani and Charlie stand by the shelf. Charlie looks up at Tani with very big eyes, staring continuously and holding the two figures behind him in his hands and beginning to move away, backwards.

Silvia: What are you . . . ? Oh—Charlie, sweetheart, you know the rule—you can't . . . toys stay here.

Tani: (squats down in front of Charlie) Do you want to take them?
Charlie: (still slowly backing up, in a small voice) Yes . . . I did not make them . . .
Tani: Oh, Charlie, this is a special day. (to Silvia) Is it okay?
Silvia: Well, yes—but the other children . . .
Faith: It's fine. They can be replaced. They're important to him.
Tani: (to Charlie) You know Charlie, on special days sometimes—some rules just don't count. You can take them. They're a present.

Charlie grins and grins as if his face would break and brings the figures from behind his back.

Tani: What will you do with Filby and Newsome?
Charlie: They will come in my car and drive and drive and go to school every day, every day, every day to school.
Tani: Good (smiles). A hug?

Charlie hugs and hugs Tani and they have a small, quiet private conversation. Tani stands up, ruffles his hair, and he doesn't pull away. They walk toward the group.

Tani: I'll miss you, Charlie, and I'll think of you playing and playing. . . you and Filby and Newsome and lots of other kids.
Tom: OK, Charlie, it's time—let's go.

On the way to the door there is a flurry of hugs, handshakes, and exchanges. Tani and Faith stand and wave as the Ropers get to their car and then drive away.

Tani: Damn! It's hard! You really get to care about them and then . . .
Faith: Yes. And that hard part is the good part . . . for us and for them. It really wouldn't be any kind of job or any place to be if you didn't care.
Tani: I know . . . (smiles). I guess I'll see if there's a Filby and a Newsome I can take home with me. (They both laugh.)

Saying good-bye—vignette with a home visitor

Participants: Mary Anne, a home visitor, Nancy, and Timmy, Nancy's son (age 3 years, 8 months)

Mary Anne, Nancy, and Tim have been meeting for 1 ½ years, ever since Nancy's call to the Parent's Hotline, in which she said she was afraid she would really hurt Tim, prompted a referral to the Friends of Families Project.

Nancy had been raising Tim alone since Tim's father, a security guard, had been shot on his rounds when he interrupted a robbery. At the time, Tim was 10 months old. Tim's father had been studying at the Police Academy. The first time Nancy met Mary Anne, she told her:

We were so looking forward to our future—moving away from the city and him getting a job in some small town. It still makes me so angry, and there's nothing to do about it. So the guy that shot him is in jail—big deal. My parents offered I should live with them, but I came here to get away from them. They still drink up a storm every night—behind that tidy, tidy little fence. So good and proper. Anyway—here I am, determined to raise my kid and do a good job and then I just lose it. The night I called—I was so scared I was shaking. He was just defying me—that chin sticking out! "You little bastard," I said, and I nearly swung at him. Even though it makes me sick—but I don't know how to handle it. He bugs me, he really bugs me. I mean, who's the boss here? King Timothy? No—o way. I just can't stand him!

In the year and a half since that time Mary Anne, Nancy and Tim met weekly except for holidays and vacations. Their focus had been on understanding Tim, understanding Nancy, and learning how Tim and Nancy could be together in a way that was good for both of them. Initially, respite care was instituted with a stable provider. For four months now, Tim had been attending a half-day preschool program 5 days a week. During that half day, Nancy attended school herself.

Today was the last time Mary Anne, Nancy, and Tim would have their regular meetings. They had planned this final meeting together, including when it would be, and had talked about it quite often over the past four to five months. They had again been remembering things that had happened, understanding previous misunderstandings, and thinking about all of the ways Tim had grown and changed.

Nancy: Lord, he's practically ready to get married (laughs).
Mary Anne: I think he'll need a steadier job first (smiles).
Nancy: I've really changed, too. I'm not really angry in the same way any more, and I feel hopeful—not like I've fallen into the deepest, darkest place, and I can't ever get out. I really think I understand where Tim's coming from most of the time.

Tim comes out of his room, bearing dishes and forks.

Tim: This is the big feast cake. It is very, very big so there is enough. (He piles imaginary cake onto the plates and passes out forks.) Here is one for you, Mary Anne, one for Mommy, and one for me. Let's eat it all up. (They do). I think I need to make another one.
Mary Anne: Tim, why are we having a feast cake?
Tim: 'Cause I wanted to make one, too—like Mommy did.
Nancy: I made a cake. I just thought—well, it isn't a celebration, really—but it's certainly special, and. . . (Nancy gets slightly teary).
Mary Anne: Well, it is a celebration in a way. You and Tim doing so well—one of the many markers along the way for you two.
Nancy: Yeah, it's sort of like graduating—except I'm still not sure I want to.
Mary Anne: I wonder if anybody's ever really completely ready to stop anything and move on to something else. I guess it's just always a loss.
Nancy: I'll miss you coming a lot. I mean it's been a long time and I always saved up my

stuff for you. Tim, too. Remember the time he ran up to you and said, "Guess about Mommy. Mommy said she shouldanuh and she did. She said she shouldanuh."

Mary Anne: He wanted his turn, too. It's important that everybody gets a turn.

Nancy: Do you ever get a turn?

Mary Anne: Sure. In this work, being with you and Tim—that's my turn.

Tim reappears and, overhearing this, says:

Tim: I want my turn.

Mary Anne: Okay, it's your turn.

Tim: Mmm . . . We'll play hide the block. I'll hide it first. (The game ensues for several rounds.)

Tim: I always find it, always!

Nancy: Yes, you do, good boy. You are a very good finder.

Tim: Mary Anne's going to not come. Are you going to not come?

Mary Anne: Yes. I'm going to not come after today.

Tim: Can I find you?

Mary Anne: Close your eyes. You can close your eyes or go look at the picture of us. (Tim closes his eyes and then he grins.)

Mary Anne: Can you see me?

Tim: Yes I can—I can see you. Can I find you really?

Mary Anne: Your mother will help you find me if you need to.

Tim: Can she?

Mary Anne: Can you, Nancy?

Nancy: Yes—I really can. I can find her, Tim. But I am a little like Tim.

Mary Anne: I think we're all a little like Tim—the same, really. It's a loss of something good.

Nancy: I know. I guess I wish . . . I guess . . . I wish I could turn you into a friend—I mean like someone who's just a friend, just ordinary . . . I need . . .

Mary Anne: I feel that way too, in a way—but it would really be very different.

Nancy: Yeah—if that happened I'd have to worry about you, wouldn't I?

Mary Anne: (grins) And you said before, there's something that does feel really good about it at the same time.

Nancy: Yeah, there is. It's because Tim and I are okay on our own; I don't need you to come. But I'd still like it.

Mary Anne: It's that way for me. I like coming here, I've always like coming here and I'll miss it.

Tim: (reentering the room) My cake's not finished, so let's eat the real cake (They eat the real cake).

Tim: (to Mary Anne) How come you won't come? I forget.

Mary Anne: Well, it's like I said before Tim. A long time ago you and your Mommy got really cross and felt very bad a lot. Now it is different, and you and your Mommy have good times and you feel good. I was here to help you have those good times.

Tim: Sometimes I can't have all the cookies I want—a pile as big as the whole world!

Mary Anne: That's good. Your Mommy remembers you will get a tummy ache and get sick. You forget.

Tim: I hate to yurp all over.

Mary Anne: You bet. And you want the cookies and your Mommy knows that but she says no, and you don't much like that—she remembers, and she's taking care of you so you won't yurp.

Mary Anne rises to leave. At the door Tim and Mary Anne exchange hugs.

Mary Anne: You are a good, sweet boy, Tim. I'll miss you, but I'll be thinking about you a lot.

Tim: 'Bye (begins to dance a bit). I'll close my eyes. (He does this, and then he begins to hum.)

Nancy: (hugs Mary Anne) Good bye, thanks—thanks so much.

Tim: (runs and hugs Mary Anne again) Thank you. 'Bye-bye, Mary Anne. (Tim wanders off.)

Mary Anne: I'll call in a month, as we decided—to sort of check in.

Nancy: Okay. It will be so funny not having you here—like a funny space. I can't save everything up, there will be a lot you don't know about me. In a way, it feels sort of . . . sort of grown up to have it to myself, though now I often ask myself, "What would Mary Anne say?" That's always helpful. But I guess

by now, it's really me.
Mary Anne: It is, it's really you. You and Tim are really so nice together.
Nancy: It feels very good. We have a good time.
Mary Anne: I can see that. You two are really fine. I'll be thinking about you, and I'll call.
Nancy: That will be nice. Take care, and thanks again.
Mary Anne: You take care, and thank you. It has been so very nice for me.
They exchange another hug, and Mary Anne leaves. Nancy watches her leave, and Tim comes back and joins her, and they both wave to Mary Anne as she drives off.

For trainers to consider:

The following questions are offered as examples of ways to begin using the scenarios on saying good-bye in the 5-step process described on pages 5-6.

1. Analyze:

- What clues in these scenarios tell you that the participants have known each other a long time?
- How do the adults and children use familiar and special routines and rituals to help themselves, and each other, say good-bye?

2. Discuss:

- What expectations about relationships with professionals are the children and parents in these scenarios likely to bring to their next such relationships?
- What do you think about Mary Anne's comment, "I wonder if anybody's ever really completely ready to stop anything and move on to something else. I guess it's just always a loss."

3. Reflect:

- How do relationships with children and families in your program end? At set times, or depending on individual circumstances? As a result of joint planning, or not? With what transitions or ceremonies? With what level of disclosure of staff's feelings?
- To what extent does the principle, "You are yourself and your role," become easier or harder to apply when a relationship is ending?
- Tani and Faith describe "really caring" about children as the hard part and the good part of their work. What are the hard parts and good parts of your feelings for children and families in your current work situation? Have things been different for you in other work settings, or at different stages in your work life? If so, how, and why?

4. Discuss:

- What might you do in your program to acknowledge more fully the feelings of children of different ages, families, and staff at times of transition and saying good-bye? (Consider the principle, "Everyone wants things to be better.")
- Charlie and Doobie's parents have become friends. Nancy says she wishes she could "turn (her home visitor) into a friend." In different cultures, communities, and programs, distinctions between parent/professional relationships and friendships may be clear, blurred, or understood differently by different people. What issues are involved, especially at times of transition?

5. Adopt:

- Recall a good-bye from your own personal or professional experience that felt reasonably complete and one that seemed to leave too much "unfinished business." What factors contributed to the differences between these experiences? If you could rewrite these scenarios from your past, what would you change?

"Stumpers" *Clarifying your role as a caregiver in group care for infants and toddlers*

"Stumpers" present some of the challenges inherent in work with infants, toddlers and families—for example, defining and redefining one's professional role in the face of multiple demands. They offer some background information and an in-the-moment challenge to the practitioner. Questions related to the two sets of stumpers appear on page 40.

A caregiver of very young children is one of the first people outside of the extended family to whom the parents have entrusted their child for significant amounts of time. She is therefore often one of the first adults outside of the family with whom the child has an independent relationship. She is also usually one of the first adults who helps children learn how to play with peers. She is the bridge facilitating the child's movement from the world of the family to the infinite network of extra-familial relationships.

Unlike a teacher of older children, however, an infant/toddler caregiver performs tasks which are similar to some of the things parents do with children. She assists children with dressing and toileting, eating and napping, nose-blowing, shoe-tying, and Band-Aid-applying. She comforts them when they are sad, contains them when they are angry, encourages them when they are timid. She teaches many things, expanding very young children's motor and communicative repertoires, enhancing the articulation of imaginative capacities, engendering a spirit of scientific inquiry, and fostering capacities for ethical consideration, empathy, and industry. Yet her primary purpose is not so much to ensure that the child amass particular bodies of skills or information. Rather, it is her primary task to see that the child is developing in such a way that he is interested in life, able to enjoy people and activities, able to be comfortable on his own and also to be one in a number, and that he will be ready to make the most out of relationships and experiences that follow.

These tasks are extremely important and extremely complex. Many things beyond the caregiver's training, skill, commitment, and talent contribute to or constrain the possibility of realization of these goals. The convergence of innumerable social and political forces, the resources of the child care setting, the predicaments in which the families may find themselves, and the children's histories and temperaments all influence what it is like for a particular caregiver to work with a particular child in the context of a particular group of children.

One of the things that can be very confusing as a result of all of this is the matter of the caregiver's role. Caregivers of young children often feel that they are being asked to be all things to all people. Children, parents, colleagues and administrators all have expectations of them, and sometimes these expectations are contradictory.

It can be useful for a caregiver to think about defining her role as an ongoing process. This does not mean that she should adapt to whatever is being expected of her at any given moment. On the contrary, it means that the caregiver can seek to understand the expectations that others have of her, can assist them in clarifying what these expectations may be, and then can actively define to what extent it makes sense to her to attempt to meet these expectations.

What follows are six scenes that describe interactions which Valerie, a caregiver for a group of toddlers in a child care center, has with a number of different people.

Scene One—with Johnny's mother, Margo
It is 5:25 p.m. Johnny was to be picked up by 5. He is eating popcorn while Valerie sweeps. Margo bursts in and says, "Hi, Valerie. Sorry I'm late. I got held up at work. Come on, Johnny, get your coat and lunch box, the car is double parked."

Scene Two—with Suzy
It is "open choice" time. During this part of the day, children may choose from among a number of available activities and the caregivers circulate among them, joining in here and there to assist the children in their explorations, interactions, and endeavors. Suzy is the only child in the book area. Valerie has just read her a story—Suzy had chosen one on the long side. Suzy asks Valerie to read her another. Valerie explains that she is going to help Rachel and Zoey keep the sand in the sandbox.

She suggests that Suzy come play with the sand too, or look at the book by herself for a while. Suzy begins to cry, "No, don't go to Rachel and Zoey. Stay here and read me this book!"

Scene Three—with Roxanne's father, Joe
Joe is here to pick Roxanne up and sees that there is green and orange paint on her dress. He says to Valerie, "She's filthy! What the hell happened?" Valerie explains that Roxanne did a lot of painting at the easel today. She says, "Her artwork is drying, but she will bring it home tomorrow. We use water-soluble paint—it comes out in the wash." Joe asks, "Why do you let her get it all over her like that? She's got to learn how to keep herself clean! Anyway, all she ever does here is art. When are you going to teach her numbers and letters?"

Scene Four—with Leslie, the center director
During a staff meeting, Leslie tells the caregivers that she is working out a new contract with the county that involves the center integrating two children with special needs into each classroom. Valerie objects that they have their hands full integrating the one child with special needs they currently have in each room. Leslie says, "I know it hasn't been easy, but you are all doing beautiful jobs, and look how great it has been for the kids. One additional child won't be too much harder, and we really need the money. If we need it we will bring in a consultant to help out."

Scene Five—with Matthew
In the play yard, Bruce took the truck Matthew was playing with and Matthew hit Bruce over the head with a rake and then ran. Valerie ran after Matthew and caught up with him at the fence. Matthew crouched down and raised his arm over his head, as though to ward off a blow.

Scene Six—with Matthew's mother, Sheila
That afternoon when Sheila comes to pick Matthew up, Valerie tells her that Matthew had a hard day today and there are some things she would like to talk about with her. She asks if they can schedule a conference for sometime soon. Sheila asks, "What did he do?" Valerie says, "Well, he sometimes has a hard time using words to tell people what he wants or getting help from grown-ups. I thought maybe you could help me figure out what makes those things hard for him." Sheila says, "There's nothing to figure out. You just tell me if he acts up and I'll make sure his father hears about it."

Clarifying your role as a home visitor

A home visitor may work with a family with an infant or toddler to offer emotional support, to convey child development information, to help create physical or verbal interactions between a parent and a child who has a particular disability, to introduce and sustain the role of play in positive development, to provide necessary health information or follow-up, particularly of vulnerable newborns, to link a family to community services, or a mix of the above.

The role, and sometimes the title, of a home visitor may be defined by a central task to be accomplished, as suggested by the job title, "family advocate," "family support worker," or "community services liaison." The home visitor's role in relation to a particular family may have come from previous revealed areas of concern regarding a parent or a child, but, in fact, the role is always defined ultimately by the situation of the family, the flexibility of the visitor, and the visitor and parents' mutual creation of the parameters of the relationship. Very often there are tensions between what a visitor wishes to accomplish and what the visitor might usefully supply. Additionally, there are tensions within the visitor in terms of what she intends to provide and what seems desperately needed.

As the visitor performs what she understands her role to be, she conveys her attitudes (implicitly or explicitly) to the family being visited. The home visitor and family convey their expectations of each other through their exchanges, both implicit and explicit. They will need to clarify what they are experiencing in regard to their expectations of each other. Indeed, this process of clarification will form much of the content of the work (recall the vignette about Terry and Jeree, pages 14-16).

✿ This is a description of a series of interactions which Marika, a home visitor, had with a number of different people.

Scene One—with Ralphy, age 3 years, 4 months, and Donna, his mother

Marika has arrived at the home visit to find both Donna and Ralphy very out of sorts. Donna, after greeting Marika, begins to slam the dishes around in the sink. Ralphy is sitting hunched over on the floor turning a puzzle piece over, and over, and over in his hands. His eyes and mouth are cast downward and his little shoulders are moving up and down, up and down in rhythm with his continuous snuffling.
Marika: Everybody looks pretty miserable—what's going on Donna? Ralphy?

Donna slams a dish down in the drainer and angrily replies:
Donna: Ralphy broke a vase—messing where he knows he shouldn't—as usual. He knows he's not supposed to get in there. And he breaks the damn vase. He will not pay any attention to me, and I get sick of it. I get sick of him.

At this, Ralphy's head jerks up, his lower lip juts out, and he glares through his tears.

Ralphy: Mean Mommy. I'm gone go home with Rika. She's my friend—I'm going to stay with her. Mean Mommy, ugly Mommy.
Donna: So, go—go. Good riddance!

Scene Two—with Zelda
The very instant that Marika arrives at the door, it is thrown open by Zelda, who says, "God, I'm glad you're here. I've got to get to the electric company or they're going to turn off everything in the place. I think we can just make it if you'll drive us there as fast as possible.

Scene Three—with Pam, the mother, and Freddie, age 9 months
As Marika is about to step out of the door of Pam's apartment after the visit, Pam says, "Oh, Marika, I forgot—I'm having a party for Danny's fifth birthday Sunday afternoon, and I'd really like you to come. I mean you wouldn't have to stay a real long time or anything, but would you come?

Scene Four—with Tansy, the mother, and Penny, 2 months old

Twenty minutes after Marika arrives, Tansy says, "Hey, would you mind staying with Penny for a bit? I need to run to the store and get diapers, formula, and some food. I haven't a thing in the house, and I really need to get some stuff. I'll hurry."

Scene Five—with Karen, the mother, and Bub, 13 months old

Marika: By the way, you said that this time would be okay for our first time but that after that you might need to change it. So how is it?

Karen: Well—yes—I mean—I do have something, but I guess this is important—or Bub's worker said so—and. . . I mean, I wouldn't want to get marked down—or get in trouble—I mean—you know?

Scene Six—with Alicia, the mother, and Little Harry, age 2 ½

Marika: That's truly awful, Alicia, and you must feel really angry. You have the list of shelters I gave you. What are you thinking that you—

Alicia: (interrupting) I told him to come here—I mean now, just now. I told Big Harry he needed to come—that you'd tell him he couldn't do that no more. I told him that it was bad for Little Harry and I said Marika's not afraid of you—no way—just get yourself here. I told him on the phone this morning. He said he'd be here. You tell him—you set him straight.

For trainers to consider:

The following questions are offered as examples of ways to use the two sets of "stumpers" in the 5-step process described on pages 5-6.

1. Analyze:

- What expectations of the caregiver or home visitor are reflected in the interaction in each scene?

2. Discuss:

- If you were the practitioner in each scene, to what extent (and why and how) might you want to meet these expectations?
- What would your choices permit to happen next or preclude from happening next in each scene?
- How might you talk or interact with the person in a way that clarifies your role?

3. Reflect:

- Think about the group discussion you have just had. In which situations did you find it relatively easy to decide which expectations you would want to meet? Which situations were more difficult?
- Think about the suggestions that you and your colleagues offered concerning ways in which the worker might talk or interact with others to clarify her role. Do you see connections between these suggestions and the guiding principles for being and doing? Would your discussion lead you to reword any of these principles or formulate additional principles?

4. Discuss:

- What factors tend to shape parents' expectations of parent/child care provider and parent/home visitor relationships?
- To the extent that program staff can anticipate that parents' expectations may not be appropriate to the current situation, how can they try to clarify their roles from the beginning and create opportunities to discuss mutual expectations?

5. Adopt:

- Keep a log for a morning, day, or week at work, or for some period of time in your relationship with a specific child and family, in which you identify expectations of you; note your thinking about whether, why, and how you might respond to these expectations; and record what you did.
- Review the notes before your next interaction with the people involved, and form some hypotheses about how the next interaction will go.
- Use your notes to create "stumpers" for staff meetings or other professional development sessions.

Maintaining inclusive interaction

Brenda has held a position as an in-home support provider with the Family Support and Abuse Prevention Program for one year. The program provides a range of services to families who are thought to be at risk for child abuse or neglect. Some families are undergoing reunification. The program's mission is to assist families in functioning well and to prevent children from entering or re-entering the foster care system. In-home support providers meet with parents and children together in their homes at least once a week to offer parenting support and to assist families in locating and making use of community resources.

Brenda found the job to be very difficult at first. She was excited to accept the position because she believes that many social, economic, and political forces conspire to impede the progress of certain families and to increase the likelihood that the children of some families will spend crucial portions of their lives in foster care. She was eager to do what she could to prevent this. She found, however, that the factors contributing to a family's repeated involvement with Child Protective Services were even more complex than she had imagined. Despite her considerable and wholehearted efforts, some children did enter foster care.

Brenda's supervisor had assisted her in sorting through her difficult feelings about each case, and about the cumulative effect of these multiple frustrations and sorrows. As a result of these conversations, Brenda had come to realize that she truly could not determine the outcome of the trying situations in which the families found themselves, no matter how hard she worked or how passionately she wished for things to go a certain way for them. She needed instead to find ways to support parents' strengths and positive actions, and to help them find ways to clearly observe themselves and their children.

One of the most painful things for Brenda was her feeling that sometimes the children and parents didn't seem to be able to be together. At times they just seemed to be missing each other, even when they were right in the same room. Her supervisor helped her to think about the question of what made families feel disconnected. Brenda had then gradually shifted her sense of her role away from seeing herself as being responsible for preventing further difficulties and toward seeing herself as assisting families in understanding how it felt to them to be together. This meant that Brenda, in turn, came to focus less on what she **did** with or for the families, and more on how she **was** when she was with them.

One tool which Brenda and her supervisor discussed as being of key importance for this revised conception of Brenda's job was the idea of attempting when together with a parent and child to always maintain inclusive interaction. They identified three levels of inclusive interaction.

1. First level inclusive interaction means thinking about every interaction which involves a parent, a child, and a provider as saying something about what it is like for this parent and child to be together. The provider notices behavior and forms hypotheses regarding what the behavior might be saying about the parent and child.

2. Second level inclusive interaction, as Brenda and her supervisor defined it, involved Brenda's letting the parent and child know that she understands that this picture she is part of is about the two of them.

3. The third level of inclusive interaction which Brenda and her supervisor discussed is involving the parent and child in the process of defining the meaning of the picture they are making together. This is a complex process that can go as many different ways as there are families or in-home service providers, but when it is happening both the parent and child feel accounted for and involved, no matter what else they might feel in addition. When

this level of inclusive interaction is taking place, neither parent nor child feels either left out or that they are taking the provider's attention away from the other. They don't feel that the provider is telling them things about themselves, but rather that they are figuring things out together. When this level of inclusive interaction is taking place, the parent and child are truly being together in the presence of the provider.

The following is an example of the three levels of inclusive interaction applied to Brenda's visits with a particular family.

Brenda visited a 2 ½-year-old boy named Leroy who one day involved her in active play as soon as she walked in, while Gina, his mother, put her feet up and smoked a cigarette by the window.

First level: Brenda might note to herself in this instance that Leroy and Gina appeared to be using her visit as a time to take a break from each other. At the same time, this break was very much **about** each other. By involving Brenda in his play, the child might be showing Brenda how his mother and he played together, or how he wished they might play together, or he might be demonstrating for his mother a way in which he liked to play, or he might be playing because he knew that his mother would rather smoke a cigarette quietly than talk with Brenda, etc. His mother might be acting nonchalant but actually be filled with pride over her son's imaginative play and spunky-punky style, or might be furious that her son, who had been struggling with her at every turn, was settled in so charmingly with Brenda, or might have been waiting all week to tell Brenda about how the job interview had gone but would be damned if she would tell her now, since Brenda had obviously forgotten and cared more about the kid and wouldn't in fact be in her life at all if she didn't have him. The possibilities are endless, but Brenda learned to notice the whole picture when she was with a parent and child and to form hypotheses in her mind about the meaning of the family's behavior.

Second level: Depending on her hypothesis, for example, Brenda might say, "Did your mama find a different place for her shoes so your race cars could have a garage on that shelf?" Or, "It looks like you guys have different levels of energy this afternoon." Or, "Wow, I'm so busy playing race cars I can't even catch my breath to ask how the job interview went." Any of these comments or questions, as well as many other possible ones, tell mother and son that Brenda has both of them on her mind and that she knows they are on each other's minds.

Third level: This does not necessarily mean, as Brenda came to understand, that the parent and child are having fun, or expressing loving feelings or any other single thing. They are not necessarily seeing eye to eye or meeting each other's expectations. But they are both engaged in defining the picture of their relationship at this moment.

Here is one way the interaction might have gone:

Brenda: Leroy, you know, I've been so busy playing cars—I haven't really talked to your mama. (turns to Gina). How was the interview?

Gina: Um—well—I'm not so. .

Leroy: Play cars, play cars, Brenna!

Gina: Shut up, Leroy—it's my turn to talk about my business now.

Brenda: We're talking about mama's work, Leroy, it's important—Here, park this car, too (hands car to Leroy, turns to Gina). Seems like it didn't go as you'd hoped?

Gina: (crushing her cigarette in her ashtray) No! I'm really pissed!

Leroy: Mama's pissed.

Brenda: (to Leroy) You're right, mama feels really upset and bad. (to Gina) So what happened, Gina?

Gina: They wanted me to do a six-week training for no pay and then work 40 hours including two nights and it would take me 45 minutes both ways to get there and back. No flexibility. And when I told them I have a son, they stopped even taking me seriously. I'm not putting him in day care ten hours a day. I've seen those places.

Brenda: That would be a very long time for both of you to be away from each other. I guess it's Leroy's business too. (to Leroy) Mama doesn't want to be away from you too long, Leroy. (Leroy stands near to his mother).

Leroy: Mama stay home.
Gina: Yeah, it is his business. (Touches his hair). I'm his business, and he's my business. (Leroy starts playing cars around the legs of his mother's chair.) But how am I supposed to get off the Welfare and earn us a living? Those people were rude to me. And after I went all the way down there, hoping this one might work out.

The next day, Brenda goes out on home visits with three families, one at 11, one at 2 and one at 4. She finds it difficult to maintain inclusive interaction at each one for different reasons

11a.m.

Three-year-old Hope opens the door. There are cartoons on TV, and Hope is carrying a box of corn flakes. Her mother, Joanne, is asleep in the bedroom. Joanne rouses to greet Brenda warmly from the bedroom, apologizes for being so wiped out, and asks if Brenda would mind playing with Hope today, and next week she'd be up and ready for a heart-to-heart?

2:30 p.m.

Brenda is sitting at the kitchen table with Mary. Morgan, six months old, is in her high chair with adult-sized portions of boiled peas and carrots, mashed potato, and cut up chicken on her high chair tray. Morgan has been sitting there listlessly for half an hour while Mary has talked urgently with Brenda about her fury at Morgan's father, who has a newborn son with another woman and is actually living with her and holding down a job. Mary has addressed Morgan only a few times, and then only to urge her to eat.

4:20 p.m.

It seems like whatever two-and-a-half-year-old Joe does, Bill finds something wrong with it. So far Joe has had too many toys out at once, has brought food into the living room, has turned on the TV without asking, and just now tried to open Brenda's toy bag. Bill yelled at Joe not to touch other people's things. Brenda said it was OK; then Bill said angrily that it was **not** OK. "He's my kid, and I'll decide what's OK and what's not. That damn daycare spoils him and makes my job harder, but I'm not bailing. I'm going to be consistent, and my son is going to act like my son.

For trainers to consider:

The following questions are offered as examples of ways to explore maintaining inclusive interaction, using the 5-step process described on pages 5-6.

1. Analyze:

- What makes inclusive interaction difficult in each situation?

2. Discuss:

- What might be some hypotheses (first level inclusive interactions) regarding each situation?
- What might Brenda attempt (second level inclusive interaction) in order to let each family know that she sees what's going on at the moment as a picture of something about how it feels to the family to be together?
- How might Brenda then proceed in each situation in order to bring the family into the process of defining the meaning of the picture of their relationship at this moment (third level inclusive interaction)?

3. Reflect:

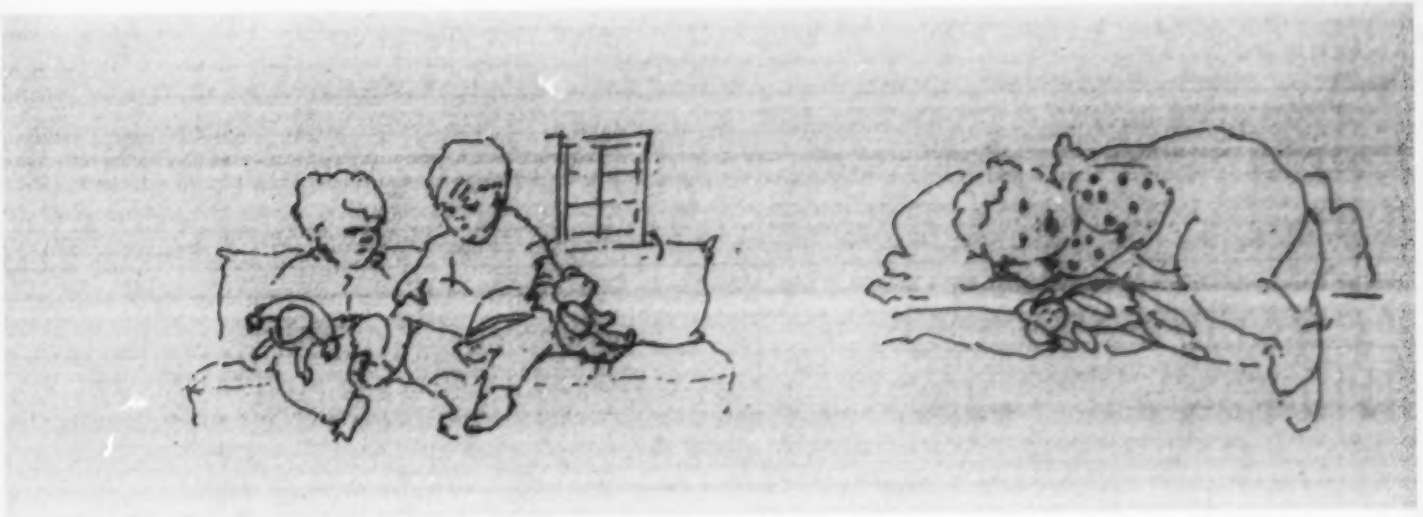
- Think about Brenda's shifting sense of her role in relation to the mission of her agency over the course of a year. To what extent, and how, has your sense of your own professional role shifted during the time you have been in your current job?
- What feelings are aroused in you by each of the situations Brenda encounters? What commonalties do you notice in your initial responses to each situation? What differences do you notice? How do you understand these?

4. Discuss:

- From the information provided, what can you say about the supervisor's role in the Family Support and Abuse Prevention Program?
- How might the interaction between Brenda and her supervisor be seen as an example of inclusive interaction?

5. Adopt:

- Review some of the scenarios described earlier in these materials in order to identify examples of—or missed opportunities for—inclusive interaction at all three levels.
- Use notes, reports, or videos of work with children and families in your own setting to identify examples of—or missed opportunities for—inclusive interaction at all three levels.



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ZERO TO THREE: National Center for Infants, Toddlers and Families
734 15th Street, N.W., Suite 1000, Washington, DC 20005-1013